

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90124 028 ***150.00

DOCUMENT # P97000086606

1. Entity Name
DAYTONA BEACH HEALTHCARE & REHABILITATION, INC.

Principal Place of Business
**460 BRIARWOOD DRIVE
 SUITE 410
 JACKSON MS 39206**

Mailing Address
**P.O. BOX 12000
 JACKSON MS 39236-2000**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0886528

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BLACK, JOHN L JR**
 STREET ADDRESS **24 PROVENCE BLVD**
 CITY-ST-ZIP **MADISON MS 39110**

TITLE **ST** ☐ Delete
 NAME **DUNBAR, CHAUNCEY R**
 STREET ADDRESS **870 HWY. 469 SOUTH**
 CITY-ST-ZIP **FLORENCE MS 39073**

TITLE **PD** ☐ Delete
 NAME **ARNOLD, BOBBY R**
 STREET ADDRESS **PO BOX 12000**
 CITY-ST-ZIP **JACKSON MS 39236**

TITLE **VP** ☐ Delete
 NAME **DUKES, ANN T**
 STREET ADDRESS **150 WILLOW WAY DRIVE**
 CITY-ST-ZIP **FLORA MS 39071**

TITLE **D** ☐ Delete
 NAME **BLACK, JOHN L III**
 STREET ADDRESS **310 MAPLEWOOD PLACE**
 CITY-ST-ZIP **RIDGELAND MS 39157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chauncey R Dunbar* **SIGNATURE REQUIRED** **DUNBAR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 601-956-1576
 Date Daytime Phone #

CR2E034 (9/01)