

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086606

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: DAYTONA BEACH HEALTHCARE & REHABILITATION, INC.

## Current Principal Place of Business:

460 BRIARWOOD DRIVE  
SUITE 410  
JACKSON, MS 39206

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 12000  
JACKSON, MS 392362000

## New Mailing Address:

FEI Number: 64-0886528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLACK, JOHN L JR  
Address: 24 PROVENCE BLVD  
City-St-Zip: MADISON, MS 39110

Title: ST ( ) Delete  
Name: DUNBAR, CHAUNCEY R  
Address: 870 HWY. 469 SOUTH  
City-St-Zip: FLORENCE, MS 39073

Title: PD ( ) Delete  
Name: ARNOLD, BOBBY R  
Address: PO BOX 12000  
City-St-Zip: JACKSON, MS 39236

Title: VP ( ) Delete  
Name: DUKES, ANN T  
Address: 150 WILLOW WAY DRIVE  
City-St-Zip: FLORA, MS 39071

Title: D ( ) Delete  
Name: BLACK, JOHN L III  
Address: 310 MAPLEWOOD PLACE  
City-St-Zip: RIDGELAND, MS 39157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SUSAN, BROWN  
Address: 702 CEDAR RIDGE DRIVE  
City-St-Zip: LITTLE ROCK, AR 72211

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAUNCEY R. DUNBAR

ST

04/28/2004

Electronic Signature of Signing Officer or Director

Date