

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000086606

FILED
Mar 06, 2003
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/06/2003

Electronic Signature of Signing Officer or Director

Date