2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 AM
Secretary of State

DOCUMENT# P98000098265

Entity Name: CAPITAL HEALTH SOUTH INC.

Current Principal Place of Business:

840 A1A NORTH, SUITE 150
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

840 A1A NORTH, SUITE 150
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3513814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ULLRING, ERIK A
170 GREAT HARBOR WAY
#3106
PONTE VEDRA BEACH, FL 32082 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ULLRING, ERIK A	
Address:	170 GREAT HARBOR WAY # 3106	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	STD	( ) Delete
Name:	ULLRING, EDITH S	
Address:	684 15TH AVE SO.	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	THORNBER, ERNEST C	
Address:	684 15TH AVE S	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	YEAGER, THOMAS D	
Address:	684 15TH AVE SO.	
City-St-Zip:	NAPLES, FL 34102	

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:	

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: ERIK A ULLRING PD 04/23/2002

Electronic Signature of Signing Officer or Director — Date