2000	UNI	FORM BUSI	NESS RE	POR	T (UBF	3)				
FOCUI	MFNT	# P980001	04050		_					
DOCUMENT # P98000104050 1. Entity Name .										
MERCY DRIVE REHAB, INC.							·			
Principal Place of Business Mailing Address					_		00 MAR 10 PM 4: 44			
Principal Place of Business 3300 SOUTH HIAWASSEE ROAD #107			POST OFFICE BOX 4961			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DRLANDO FL 32835			ORLANDO FL 32802-4961				IALLAMASSEE	, , , ,	•	
			<u> </u>							
Principal PI	ace of Busin	HAND AVE_	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN TH	IS SPACE		
City & State			City & State			4F	El Number 59 - 35 471	~ / / A	oplied For	
	Zip Country		Zip Cou		Country		Certificate of Status Desired	\$8.75 Add	ditional	
3280		and Address of Current	Registered Agent				Name and Address of New Registere	Fee Require	ed	
					Name					
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE					Street A	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1100						1000031783615 -03/21/0001101018				
ORLANDO FL 32801					City		*****150.0g			
8. The above	named entit	v submits this statement for	the purpose of chang	ing its regi	l istered office or	registered age	ent, or both, in the State of Florida.	<u>- </u>		
		•	, ,							
SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE: Reg	gistered Agent signati	ure required when re	einstating) DAT	=======================================		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 200 Make Check Payable					Fee will be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.		OFFICERS AND			12.	AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME	vp Tuttle, 1	MILLS	☐ Delete	,	TITLE NAME			Change	☐ Addition	
STREET ADDRESS				STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200					
CITY-ST-ZIP					CITY-ST-ZIP	DELAN	DD, FL 32803	KZI Changa	Addition	
TITLE NAME				TITLE NAME			Change	∐ Жаапроп		
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD #206			STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200					
CITY-ST-ZIP	OTILANDO TE SESSO			CITY-ST-ZIP	DELANI	00, FC 32803	D Change	Addition		
TITLE NAME					TITLE NAME			Change Change	L Addition	
STREET ADDRESS 3200 SOUTH HIAWASSEE ROAD #206					STREET ADDRESS CITY-ST-ZIP		HIGHLAND AVE., SU UDO, FL 32-803	ITE 20	٥	
TITLE	VPT	J FL 32033	☐ Delete	,	TITLE	UPC-CAT	VULLE DEBUS	Change	Addition	
NAME WILLNER, DAVID M					NAME	900 1	HIGH AND AVE.	•	745	
STREET ADDRESS	1 3200 SO	ITH HIAWASSEE BOAF	上来火锅		STREET ADDRESS	17 (JC Y T	17 16 HT MANI 7 MILE.	XO 11 6	700	

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 of 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS City-St-Zip

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS ORLANDO FL 32835

ORLANDO FL 32835

3300 SOUTH HIAWASSEE ROAD #107

PEISNER, ERIC

VPC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

URLANDO, FL 32803

DELANDO, FL

800 N. HIGHLAND AVE., SUITE 200

KROPP, STEVEN G. 800 N. HIGHLAND AVE., SUITE 200

32803

407/297-1600

Daytima Phone #

X Change

Change

☐ Addition

X Addition