

2000 UNIFORM BUSINESS REPORT (UBR)

010854

DOCUMENT # P98000104050

1. Entity Name
MERCY DRIVE REHAB, INC.

FILED

00 MAR 10 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3300 SOUTH HIAWASSEE ROAD #107 ORLANDO FL 32835	Mailing Address POST OFFICE BOX 4961 ORLANDO FL 32802-4961
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 N. HIGHLAND AVE	3. Mailing Address
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State

4. FEI Number 59-3547626	Applied For Not Applicable
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Zip 32803	Country USA	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**100003178361-5
-03/21/00--01101--018**

City
ORLANDO, FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VP TUTTLE, MILLS L 3200 SOUTH HIAWASSEE ROAD #206 ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MCKINNEY, JOSEPH E 3200 SOUTH HIAWASSEE ROAD #206 ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT LAWLER, THOMAS P 3200 SOUTH HIAWASSEE ROAD #206 ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLNER, DAVID M 3200 SOUTH HIAWASSEE ROAD #206 ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC PEISNER, ERIC 3300 SOUTH HIAWASSEE ROAD #107 ORLANDO FL 32835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P KROPP, STEVEN G. 800 N. HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803

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: STEVEN G. KROPP **SIGNATURE REQUIRED** **3-1-00** **407/297-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
STEVEN G. KROPP, PRESIDENT

CR2E034 (9/99)