

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -6 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000466

1. Entity Name

REHAB ASSOCIATES, L.L.C.

Principal Place of Business

207 INTERSTATE PARK DRIVE  
MONTGOMERY AL 36109

Mailing Address

207 INTERSTATE PARK DRIVE  
MONTGOMERY AL 36109-5403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1379381

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KAEMPFER, AL  
2565 CAPITAL MEDICAL BLVD.  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM BARNES, ROCKY ☐ Delete  
STREET ADDRESS 207 INTERSTATE PARK DRIVE  
CITY - ST - ZIP MONTGOMERY AL 36109

TITLE NAME MGR COX, JAMES A JR. ☒ Delete  
STREET ADDRESS 401 REID AVENUE  
CITY - ST - ZIP PORT ST. JOE FL 32456

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003274325--9  
CITY - ST - ZIP -06/02/00--01012--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-6-00

Date

334-2728255

Daytime Phone #