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Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071520 (9)

1. Corporation Name
TLC REHAB, INC.

Principal Place of Business	*Mailing Address*
1566 N. MEADOWCREST BLVD CRYSTAL RIVER FL 34429 US	P.O. BOX 220 CRYSTAL RIVER FL 34423 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1993

2. Principal Place of Business: 21 394 N. Suncoast Blvd.
Suite, Apt. #, etc.: 22
City & State: 23 Crystal River, FL
Zip: 24 FL
Country: 25 Citrus

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

4. FEI Number: 65-0443569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, PHILLIP W
753 N CITRUS AVE
CRYSTAL RIVER FL 34423

10. Name and Address of New Registered Agent

81 Name: Dreama M. Primer
82 Street Address (P.O. Box Number is Not Acceptable): 394 N. Suncoast Blvd.
83
84 City: Crystal River FL 85 Zip Code: 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] President 4/21/98
Signature, typed or printed name of registered agent and title if applicable (Must Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PRIMER, DREAMA M.		1.2 NAME		
STREET ADDRESS	1197 NORTH CARNEVALE TERRACE		1.3 STREET ADDRESS	11706 W. Waterway Dr.	
CITY-ST-ZIP	LECANTO FL		1.4 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEARCY, DONNA		2.2 NAME		
STREET ADDRESS	1300 N. CIRCUS TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MONTGOMERY, JYNETHA		3.2 NAME		
STREET ADDRESS	4164 NORTH CASA TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, PHILLIP W.		4.2 NAME		
STREET ADDRESS	753 N CITRUS AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Dreama M. Primer 352-795-6225