FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 1999 8:00 am
Secretary of State
06-29-1999 90009 043 ***550.00

DOCUMENT # P93000071520

1. Corporation Name
TLC REHAB, INC.

Principal Place of Business	Mailing Address
394 N SUNCOAST 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 Qualifed: 10/08/1993

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

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
1:
Suite, Apt. #, etc.
2:
City & State
3:
Zip 4: Country 25:

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

9. Name and Address of Current Registered Agent

PRIMER, DREAMA M.
394 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name: MARK S. WALDROP
82 Street Address (P.O. Box Number is Not Acceptable): 394 N. SUNCOAST HWY - SUITE 40
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: MARK S. WALDROP — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 6/21/99

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	WALDROP, DREAMA M.	
STREET ADDRESS	11706 W WATERWAY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL 34448		1.4 CITY-ST-ZIP		
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	D	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	WALDROP, MARK S.		5.2 NAME		
STREET ADDRESS	11706 W. WATERWAY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		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 (11/98)

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, with all other like empowered.

SIGNATURE: MARK S. WALDROP SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/21/99 — Daytime Phone #: (352) 795-6225