

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071520

FILED
Jan 08, 2009
Secretary of State

Entity Name: TLC REHAB, INC.

Current Principal Place of Business:

8477 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 65-0443469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDROP, MARK S
394 N SUNCOAST BLVD
STE 40
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALDROP, DREAMA M
Address: 11706 W WATERWAY DR
City-St-Zip: HOMOSASSA, FL 34448

Title: ST () Delete
Name: MONTGOMERY, JYNETHA
Address: 4164 NORTH CASA TERRACE
City-St-Zip: CRYSTAL RIVER, FL

Title: D () Delete
Name: WALDROP, MARK S
Address: 11706 W WATERWAY DR
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DREAMA M. WALDROP

PD

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date