

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071520

Entity Name: TLC REHAB, INC.

FILED
Jan 05, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: PD
Name: WALDROP, DREAMA M
Address: 10070 W. HALLS RIVER RD.
City-St-Zip: HOMOSASSA, FL 34448

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARK WALDROP

D

01/05/2012

Electronic Signature of Signing Officer or Director

Date