

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90199 003 \*\*\*150.00

0595202 AV

**DOCUMENT # P01000107680**

1. Entity Name  
**TRI-CARE REHABILITATION, INC.**



Principal Place of Business  
**2200 EAST IRL0 BRONSON HWY. 192  
SUITE 103  
KISSIMMEE FL 34744**

Mailing Address  
**2200 EAST IRL0 BRONSON HWY. 192  
SUITE 103  
KISSIMMEE FL 34744**

2. Principal Place of Business  
Suite, Apt. #, etc.  
**Suite 204**  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
**Suite 204**  
City & State

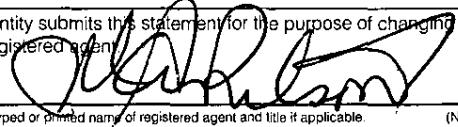
4. FEI Number **59-3760592** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**NELSON, MARYSE A  
804 MENDOZA DRIVE  
KISSIMMEE FL 34758**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD NELSON, MARYSE A 804 MENDOZA DRIVE KISSIMMEE FL 34758</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or other, I am empowered.

SIGNATURE:  **MARYSE A. NELSON** 4/20/03 407-847-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)