## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071520

Entity Name: TLC REHAB, INC.

**Current Principal Place of Business:** 

8477 S. SUNCOAST BLVD HOMOSASSA. FL 34446

**Current Mailing Address:** 

P.O. BOX 220

CRYSTAL RIVER. FL 34423 US

FEI Number: 65-0443469 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALDROP, MARK S 8477 S. SUNCOAST BLVD HOMOSASSA, FL 34446 US

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

FILED Jan 15, 2020

**Secretary of State** 

0054779413CC

Officer/Director Detail:

Title PD Title

NameWALDROP, DREAMA MNameWALDROP, MARK SAddress10070 W. HALLS RIVER RD.Address11706 W WATERWAY DRCity-State-Zip:HOMOSASSA FL 34448City-State-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 MANAGER

Electronic Signature of Signing Officer/Director Detail

01/15/2020

Date