FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707087 (3)

1. Corporation Name

TRI-COUNTY REHABILITATION CENTER, INC.

Principal Place of Business	Mailing Address
1650 S KANNER HIGHWAY P.O. BOX 597 STUART FL 34995-0597	1650 S KANNER HIGHWAY P.O. BOX 597 STUART FL 34995-0597

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1964
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1051699 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HUTCHESON, SUZANNE
1650 KANNER HWY.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	MEHLICH, GERALD	1.2 NAME		
STREET ADDRESS	701 COLORADO AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP		
TITLE	CD	2.1 TITLE	Chairperson "D"	[X] Change ☐ Addition
NAME	ZACCHEO, DOMINIC	2.2 NAME	Daniel Deighan	
STREET ADDRESS	1111 S FEDERAL HWY	2.3 STREET ADDRESS	2000 SE Port St. Lucie Blvd.	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	VD	3.1 TITLE	First Vice Chairperson "D"	[X] Change ☐ Addition
NAME	FOLKENING, DAVID	3.2 NAME	Mark Robitaille	
STREET ADDRESS	2080 SE HARLOW ST	3.3 STREET ADDRESS	300 Hospital Avenue	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHESON, SUZANNE "D"	4.2 NAME		
STREET ADDRESS	1650 S. KANNER HWY.	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	Secretary	[X] Change ☐ Addition
NAME	BIBIK, ROBERT	5.2 NAME	Heather Young	
STREET ADDRESS	3501 ORANGE AVENUE	5.3 STREET ADDRESS	2300 Virginia Avenue	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	Fort Pierce, FL 34982	
TITLE	VD	6.1 TITLE	Second Vice Chairperson	[X] Change ☐ Addition
NAME	SELOVER, CAROLE	6.2 NAME	James Sopko	
STREET ADDRESS	19 LANTANA LANE	6.3 STREET ADDRESS	P.O. Box 2421, 2307 SE Monterey Road,	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	Stuart, FL 34995	

OK - No change
OK - No change

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an asterisk.

SIGNATURE: _____ 4/17/95 407-221-4050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Suzanne Hutcheson — Date — Daytime Phone #

0070088