

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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P.O. BOX 597  
STUART FL 34995-0597

3. Date Incorporated or Qualified  
03/31/1964

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTCHESON, SUZANNE  
1650 KANNER HWY.  
STUART FL 34994

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEHLICH, GERALD	
STREET ADDRESS	701 COLORADO AVE	
CITY-ST-ZIP	STUART FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DEIGHAN, DANIEL	
STREET ADDRESS	2000 S E PORT ST. LUCIE BLVD	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ROBITALLIE, MARK	
STREET ADDRESS	300 HOSPITAL AVE	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUTCHESON, SUZANNE	
STREET ADDRESS	1650 S. KANNER HWY.	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, HEATHER	
STREET ADDRESS	2300 VIRGINIA AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SVC	<input type="checkbox"/> DELETE
NAME	SOPKO, JAMES	
STREET ADDRESS	P.O. BOX 2421, 2307 S E MONTERCY ROAD	
CITY-ST-ZIP	STUART FL	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gerald Mehlich	
1.3 STREET ADDRESS	701 Colorado Ave.	
1.4 CITY-ST-ZIP	Stuart, FL	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sherry Klohs	
2.3 STREET ADDRESS	US Highway #1 & Colorado Ave.	
2.4 CITY-ST-ZIP	Stuart, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mark Robitaille	
3.3 STREET ADDRESS	300 Hospital Ave.	
3.4 CITY-ST-ZIP	Stuart, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Heather Young	
5.3 STREET ADDRESS	2300 Virginia Ave.	
5.4 CITY-ST-ZIP	Ft. Pierce, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 address.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-96 407-221-4050

CR2E037 (12/95)