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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	1650 S KANNER HIGHWAY P.O. BOX 597 STUART FL 34995-0597

3. Date Incorporated or Qualified: 03/31/1964

4. FEI Number: 59-1051699 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCNICHOLAS, MICHAEL		1.2 NAME		
STREET ADDRESS	900 S. FEDERAL HIGHWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	ROBITAILLE, MARK		2.2 NAME	Robitaille, Mark	
STREET ADDRESS	300 HOSPITAL AVE.		2.3 STREET ADDRESS	300 Hospital Ave.	
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHESON, SUZANNE		3.2 NAME		
STREET ADDRESS	1650 S. KANNER HWY.		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KARRAKER, CRAIG		4.2 NAME		
STREET ADDRESS	508 S.W. PORT ST. LUCIE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34953		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	DESACTIS, ELIZABETH		5.2 NAME	Faherty, Phil	
STREET ADDRESS	2281 N.E. 21ST AVENUE		5.3 STREET ADDRESS	865 North Federal Highway	
CITY-ST-ZIP	JENSEN BEACH FL 34957		5.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: _____ 4/16/98 561-221-4058