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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707087**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/31/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1051699 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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	CD	☒ Change ☐ Addition
NAME	MCNICHOLAS, MICHAEL		1.2 NAME	McNicholas, Michael	
STREET ADDRESS	900 S. FEDERAL HIGHWAY		1.3 STREET ADDRESS	320 West Ocean Blvd.	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	CD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	ROBITAILLE, MARK		2.2 NAME	Ted Astolfi	
STREET ADDRESS	300 HOSPITAL AVE.		2.3 STREET ADDRESS	121 Flagler Avenue	
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		☐ Change ☐ Addition
NAME	FAHERTY, PHIL		5.2 NAME		
STREET ADDRESS	865 NORTH FEDERAL HIGHWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/20/99 561-221-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #