## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 707087**

Entity Name: TRI-COUNTY REHABILITATION CENTER, INC.

FILED Feb 20, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1650 S KANNER HIGHWAY P.O. BOX 597 STUART, FL 349950597 **Current Mailing Address: New Mailing Address:** 1650 S KANNER HIGHWAY P.O. BOX 597 STUART, FL 349950597 FEI Number: 59-1051699 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUTCHESON, SUZANNE HUTCHESON, SUZANNE 1650 KANNER HWY. 1650 KANNER HWY. STUART, FL 34994 STUART, FL 34994 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: SUZANNE HUTCHESON 02/20/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CD () Delete (X) Change ( ) Addition BELL, ERIN LEWIS, MARNIE Name: Name: 3209 VIRGINIA AVE Address: 3066 SW MARTIN DOWNS BLVD., STE. F Address: City-St-Zip: FORT PIERCE, FL 349815599 City-St-Zip: PALM CITY, FL 34990 Title: Title: ( ) Delete () Change () Addition HUTCHESON, SUZANNE, Name: Name: Address: 1650 S. KANNER HWY. Address: City-St-Zip: STUART, FL City-St-Zip: Title: VCD () Delete Title: VCD (X) Change ( ) Addition LEWIS, MARNIE Name: STRICKLAND, JEAN Name: 3066 SW MARTIN DOWNS BLVD STE F 815 COLORADO AVENUE Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: STUART, FL 34994 Title: SD () Delete Title: () Change () Addition Name: BIBIK, CHERYL Name: 1500 E. OCEAN BLVD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: Title: () Delete () Change () Addition NUTTAL, GREG Name: Name: 2100 SE OCEAN BLVD Address: Address: City-St-Zip: STUART, FL 34996 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition FAHERTY, PHIL Name: Name: Address: Address: 830 NE POP TILTON PLACE JENSEN BEACH, FL 34957 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE HUTCHESON PD 02/20/2002