2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# 707087

Entity Name: TRI-COUNTY REHABILITATION CENTER, INC.

Current Principal Place of Business:

1650 S KANNER HIGHWAY
P.O. BOX 597
STUART, FL 349950597

New Principal Place of Business:

Current Mailing Address:

1650 S KANNER HIGHWAY
P.O. BOX 597
STUART, FL 349950597

New Mailing Address:

FEI Number: 59-1051699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUTCHESON, SUZANNE
1650 KANNER HWY.
STUART, FL 34994 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	LEWIS, MARNIE	
Address:	3066 SW MARTIN DOWNS BLVD., STE. F	
City-St-Zip:	PALM CITY, FL 34990	
Title:	PD	( ) Delete
Name:	HUTCHESON, SUZANNE,	
Address:	1650 S. KANNER HWY.	
City-St-Zip:	STUART, FL	
Title:	VCD	( ) Delete
Name:	STRICKLAND, JEAN	
Address:	815 COLORADO AVENUE	
City-St-Zip:	STUART, FL 34994	
Title:	SD	( ) Delete
Name:	KARRAKER, CRAIG	
Address:	651 SW PORT ST. LUCIE BLVD.	
City-St-Zip:	PORT ST. LUCIE, FL 34953	
Title:	TD	( ) Delete
Name:	NUTTAL, GREG	
Address:	2100 SE OCEAN BLVD	
City-St-Zip:	STUART, FL 34996	
Title:	VCD	( ) Delete
Name:	DETTORI, KIMBERLY A	
Address:	800 SE OSCEOLA STREET	
City-St-Zip:	STUART, FL 34994	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 04/14/2004

Electronic Signature of Signing Officer or Director — Date