

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 707087

FILED
Feb 21, 2003
Secretary of State

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: BIBIK, CHERYL
Address: 1500 E. OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: TD () Delete
Name: NUTTAL, GREG
Address: 2100 SE OCEAN BLVD
City-St-Zip: STUART, FL 34996

Title: VCD () Delete
Name: FAHERTY, PHIL
Address: 830 NE POP TILTON PLACE
City-St-Zip: JENSEN BEACH, FL 34957

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: SD (X) Change () Addition
Name: KARRAKER, CRAIG
Address: 651 SW PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change () Addition
Name: DETTORI, KIMBERLY A
Address: 800 SE OSCEOLA STREET
City-St-Zip: STUART, FL 34994

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

02/21/2003

Electronic Signature of Signing Officer or Director

Date