FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:57

DOCUMENT # N44503 (3)

1. Corporation Name
TRI-COUNTY REHAB, INC.

Principal Place of Business	Mailing Address
1645 W GULF TO LAKES HWY P.O. BOX 598 LECANTO FL 34461	1645 W GULF TO LAKES HWY P.O. BOX 598 LECANTO FL 34461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1991
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3079573 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21: Suite, Apt. #, etc. 22: City & State 23: Zip 24: Country 25
2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 30

9. Name and Address of Current Registered Agent

BUNCH, REBECCA S
11404 W. INDIAN WOODS PATH
CRYSTAL RIVER FL 34428

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE R.S. BUNCH, ADM. DIRECTOR 1/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BUNCH, REBECCA S.	1.2 NAME	
STREET ADDRESS	11404 W. INDIAN WOODS PATH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	~~BUNCH, AMY L.~~	2.2 NAME	
STREET ADDRESS	~~1645 W GULF TO LAKE HWY~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~LECANTO FL~~	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EUTO, JEWEL	3.2 NAME	
STREET ADDRESS	1645 W GULF TO LAKE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	CLARY, CHRIS	4.2 NAME	
STREET ADDRESS	1305 TOPSIDE VIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARYVILLE, TN 37801	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	RINDONE, LOIS	5.2 NAME	
STREET ADDRESS	1624-72 AVE NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE, FL 33702	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: R.S. BUNCH 1/17/95 (904)527-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008043