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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N44503

1. Corporation Name

TRI-COUNTY REHAB, INC.

Principal Place of Business

1645 W GULF TO LAKES HWY
P.O. BOX 598
LECANTO FL 34461

Mailing Address

1645 W GULF TO LAKES HWY
P.O. BOX 598
LECANTO FL 34461

FILED
Mar 02, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/31/1991

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BUNCH, REBECCA S.
STREET ADDRESS 11404 W. INDIAN WOODS PATH
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE D ☐ DELETE
NAME EUTO, JEWEL
STREET ADDRESS 1645 W GULF TO LAKE HWY
CITY-ST-ZIP CRYSTAL RIVER FL 34461 LECANTO

TITLE D ☐ DELETE
NAME CLARY, CHRIS
STREET ADDRESS 1305 TOP SIDE VIEW DR
CITY-ST-ZIP MARYVILLE TN 37803

TITLE D ☐ DELETE
NAME RINDONE, LOIS
STREET ADDRESS 1624-72 NE
CITY-ST-ZIP ST. PETE FL 33702

TITLE ☐ DELETE ADD
NAME KATHY COMPTON
STREET ADDRESS 3207 DRUMMOND DR.
CITY-ST-ZIP STONE MOUNTAIN, GA 30087

TITLE ☐ DELETE ADD
NAME MERRILL QUINTRELL
STREET ADDRESS 5301 Charlotte St.
CITY-ST-ZIP KANSAS CITY, MO 64110

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DENISE FORSTER ☐ Change ☒ Addition
1.2 NAME 216 PRAIRIE DUNEWAY
1.3 STREET ADDRESS ORLANDO, FL
1.4 CITY-ST-ZIP 32828

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Rebecca Bunch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99
Date

352-527-0024
Daytime Phone #

0070089

CR2E037 (11/98)