

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90199 003 ***150.00

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DOCUMENT # P01000107680

1. Entity Name
TRI-CARE REHABILITATION, INC.



Principal Place of Business
**2200 EAST IRLO BRONSON HWY. 192
SUITE 103
KISSIMMEE FL 34744**

Mailing Address
**2200 EAST IRLO BRONSON HWY. 192
SUITE 103
KISSIMMEE FL 34744**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3760592**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, MARYSE A
804 MENDOZA DRIVE
KISSIMMEE FL 34758**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
NELSON, MARYSE A
804 MENDOZA DRIVE
KISSIMMEE FL 34758** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE OF MARYSE A. NELSON 4/20/03 407-847-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)