2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131492

Entity Name: TRI-COUNTY REHAB SERVICES, INC.

6486 CYPRESS SPRINGS PKWY

PORT ORANGE, FL 32128

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1501 US HWY 441 NORTH **SUITE 1104** THE VILLAGES, FL 32159 US **New Mailing Address: Current Mailing Address:** 1501 US HWY 441 NORTH **SUITE 1104** THE VILLAGES, FL 32159 US FEI Number: 11-3670156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, MARIA T 6486 CYPRESS SPRINGS PARKWAY PORT ORANGE, FL 32128 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOPEZ, MARIA T Name: Name: 6486 CYPRESS SPRINGS PKWY Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOPEZ, JEFFREY J Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA TERESA LOPEZ P 04/28/2009