

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000131492

FILED
May 02, 2010
Secretary of State

Entity Name: TRI-COUNTY REHAB SERVICES, INC.

Current Principal Place of Business:

1501 US HWY 441 NORTH
SUITE 1104
THE VILLAGES, FL 32159 US

New Principal Place of Business:

5925 ABSHIER BLVD.
BELLEVIEW, FL 34420 US

Current Mailing Address:

1501 US HWY 441 NORTH
SUITE 1104
THE VILLAGES, FL 32159 US

New Mailing Address:

5925 ABSHIER BLVD.
BELLEVIEW, FL 34420 US

FEI Number: 11-3670156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MARIA T
6486 CYPRESS SPRINGS PARKWAY
PORT ORANGE, FL 32128 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: LOPEZ, MARIA T
Address: 6486 CYPRESS SPRINGS PKWY
City-St-Zip: PORT ORANGE, FL 32128

Title: V
Name: LOPEZ, JEFFREY J
Address: 6486 CYPRESS SPRINGS PKWY
City-St-Zip: PORT ORANGE, FL 32128

I hereby 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 all other like empowered.

SIGNATURE: MARIA T. LOPEZ

MRS.

05/02/2010

Electronic Signature of Signing Officer or Director

Date