

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000131492

**FILED**  
**Sep 21, 2010**  
**Secretary of State**

**Entity Name:** TRI-COUNTY REHAB SERVICES, INC.

**Current Principal Place of Business:**

5925 ABSHIER BLVD.  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

11531 SE US HWY 301  
BELLEVIEW, FL 34420 US

**Current Mailing Address:**

5925 ABSHIER BLVD.  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

11531 SE US HWY 301  
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:**

CRIMI, MICHAEL JR.  
5925 ABSHIER BLVD.  
BELLEVIEW, FL 34420 US

**Name and Address of New Registered Agent:**

CRIMI, MICHAEL JR.  
11531 SE US HWY 301  
BELLEVIEW, FL 34420 US

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:

09/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: CRIMI, MICHAEL JR.  
Address: 11531 SE US HWY 301  
City-St-Zip: BELLEVIEW, FL 34420

Title: S/D  
Name: CORNELIUS, MARCUS  
Address: 11531 SE US HWY 301  
City-St-Zip: BELLEVIEW, FL 34420

Title: T  
Name: CRIMI, DEANNA  
Address: 11531 SE US HWY 301  
City-St-Zip: BELLEVIEW, FL 34420

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: MARCUS CORNELIUS

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09/21/2010

Electronic Signature of Signing Officer or Director

Date