2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P04000109260

Entity Name: TRI-COUNTY REHABILITATION INC.

Current Principal Place of Business:

225 NE 34 STREET
211
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

225 NE 34 STREET
211
MIAMI, FL 33137

New Mailing Address:

FEI Number: 43-2057079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUAREZ, CARIDAD M
225 NE 34TH ST #211
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

SUAREZ, CARIDAD M
1414 NW 107 AVE.
SUITE 301
MIAMI, FL 33172 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: _____ 04/21/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: SUAREZ, CARIDAD M
Address: 225 NE 34 STREET SUITE 211
City-St-Zip: MIAMI, FL 33137

Title: VTD ( ) Delete
Name: SUAREZ, BARBARA F
Address: 225 NE 34 STREET SUITE 211
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: SUAREZ, CARIDAD M
Address: 1414 NW 107 AVE. SUITE 301
City-St-Zip: MIAMI, FL 33172

Title: VTD (X) Change ( ) Addition
Name: SUAREZ, BARBARA F
Address: 1414 NW 107 AVE. SUITE 301
City-St-Zip: MIAMI, FL 33172

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: CARIDAD SUAREZ PRES 04/21/2008
Electronic Signature of Signing Officer or Director — Date