

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109260

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** TRI-COUNTY REHABILITATION INC.

**Current Principal Place of Business:**

1414 NW 107 AVE  
SUITE 301  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

1414 NW 107 AVE  
SUITE 301  
MIAMI, FL 33172 US

**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  
1414 NW 107 AVE  
SUITE 301  
MIAMI, FL 33172 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SUAREZ, CARIDAD  
Address: 1414 NW 107 AVE SUITE 301  
City-St-Zip: MIAMI, FL 33172 US

Title: VP  
Name: SUAREZ, BARBARA  
Address: 1414 NW 107 AVE SUITE 301  
City-St-Zip: MIAMI, FL 33172 US

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: CARIDAD SUAREZ

P

03/12/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date