

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000071520

Entity Name: TLC REHAB, INC.

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8477 S. SUNCOAST BLVD  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 220  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

FEI Number: 65-0443469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALDROP, MARK S  
394 N SUNCOAST BLVD  
STE 40  
CRYSTAL RIVER, FL 34429 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: PD  
Name: WALDROP, DREAMA M  
Address: 10070 W. HALLS RIVER RD.  
City-St-Zip: HOMOSASSA, FL 34448

Title: ST  
Name: MONTGOMERY, JYNETHA  
Address: 4164 NORTH CASA TERRACE  
City-St-Zip: CRYSTAL RIVER, FL

Title: D  
Name: WALDROP, MARK S  
Address: 11706 W WATERWAY DR  
City-St-Zip: HOMOSASSA, FL 34448

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: DREAMA M WALDROP

PD

02/09/2011

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

\_\_\_\_\_  
Date