

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90005 026 ***150.00

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1. Entity Name
TLC REHAB & AQUATICS, INC.



Principal Place of Business
10070 W HALLS RIVER ROAD
HOMOSASSA, FL 34448

Mailing Address
P O BOX 672
CRYSTAL RIVER, FL 34423

44022475



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 593454878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDROP, DREAMA M
10070 W HALLS RIVER ROAD
HOMOSASSA, FL 34448

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dreama Waldrop
Signature, typed or printed name of registered agent and fee is applicable.

Dreama M. Waldrop
(NOTE: Registered Agent signature required when reinstating)

3/29/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALDROP, DREAMA M
STREET ADDRESS	11706 W. WATERWAY DRIVE
CITY-ST-ZIP	HOMOSASSA, FL 34448

TITLE	D
NAME	WALDROP, MARK
STREET ADDRESS	11706 W. WATERWAY DRIVE
CITY-ST-ZIP	HOMOSASSA, FL 34448

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Waldrop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark WALDROP

3/30/04
Date

Daytime Phone #