


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

03-30-2004 90005 030 \*\*\*150.00

<b>DOCUMENT # P97000097591</b> 1. Entity Name TRISTAR REHAB, INC.	
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Principal Place of Business 6206 W. CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34423 US	Mailing Address P.O. BOX 2527 HOMOSASSA SPRINGS, FL 34447
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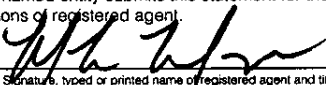
03262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3487447	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WALDROP, MARK 10070 W HALLS RIVER RD HOMOSASSA, FL 34448	<b>DO NOT WRITE IN THIS SPACE</b>
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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  MARK WALDROP 3/30/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALDROP, DREAMA M 10070 W HALLS RIVER RD HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALDROP, MARK 10070 W HALLS RIVER RD HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, SUSAN 1127 FOXPOINT BRANDON, MS 39042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELTON, ANN R 117 PENISULA DRIVE BRANDON, MS 39042
TITLE NAME STREET ADDRESS 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 3/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #