

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097591

Entity Name: TRISTAR REHAB, INC.

FILED
Jan 30, 2008
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 2527
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

8477 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446 US

FEI Number: 59-3487447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDROP, MARK
10070 W HALLS RIVER RD
HOMOSASSA, FL 34448 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: WALDROP, DREAMA M
Address: 10070 W HALLS RIVER RD
City-St-Zip: HOMOSASSA, FL 34448

Title: DP () Delete
Name: WALDROP, MARK
Address: 10070 W HALLS RIVER RD
City-St-Zip: HOMOSASSA, FL 34448 US

Title: D () Delete
Name: RILEY, SUSAN
Address: 1127 FOXPOINT
City-St-Zip: BRANDON, MS 39042

Title: D () Delete
Name: BELTON, ANN R
Address: 117 PENISULA DRIVE
City-St-Zip: BRANDON, MS 39042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK WALDROP

DP

01/30/2008

Electronic Signature of Signing Officer or Director

Date