

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000097591

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: TRISTAR REHAB, INC.

## Current Principal Place of Business:

8477 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446 US

## New Principal Place of Business:

## Current Mailing Address:

8477 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34446 US

## New Mailing Address:

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

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date