2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# P97000097591

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
Name: WALDROP, DREAMA M
Address: 10070 W HALLS RIVER RD
City-St-Zip: HOMOSASSA, FL 34448

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

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

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

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: MARK WALDROP DP 02/18/2010

Electronic Signature of Signing Officer or Director Date