

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106550

FILED
Mar 23, 2004
Secretary of State

Entity Name: TRI CITY HEALTH AND REHAB, P.A.

Current Principal Place of Business:

4959 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

4959 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 65-0967886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWAND, DAVID
4959 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063

Name and Address of New Registered Agent:

BROWAND, DAVID B DR.
4959 COCONUT CREEK PARKWAY
COCONUT CREEK, FL 33063

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: DR. DAVID B. BROWAND

03/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWAND, DAVID
Address: 4959 COCONUT CREEK PARKWAY
City-St-Zip: COCONUT CREEK, FL 33063

Title: S () Delete
Name: BROWAND, KELLY
Address: 4959 COCONUT CREEK PARKWAY
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROWAND, DAVID B DR.
Address: 4959 COCONUT CREEK PARKWAY
City-St-Zip: COCONUT CREEK, FL 33063

Title: S (X) Change () Addition
Name: BROWAND, KELLY L
Address: 4959 COCONUT CREEK PARKWAY
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. DAVID B. BROWAND

D

03/23/2004

Electronic Signature of Signing Officer or Director

Date