

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90029 032 ***150.00

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01292007 Chg-P CR2E034 (12/06)

DOCUMENT # P99000106550					
1. Entity Name TRI CITY HEALTH AND REHAB, P.A.					
Principal Place of Business 4959 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063			Mailing Address 4959 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063		
2. Principal Place of Business - No P.O. Box # 6760 NW 22 COURT Suite, Apt. #, etc.		3. Mailing Address 6760 NW 22 COURT Suite, Apt. #, etc.			
City & State MARGATE		City & State MARGATE		4. FEI Number 65-0967886	
Zip 33063	Country US	Zip 33063	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWAND, DAVID B DR. 4959 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063			7. Name and Address of New Registered Agent Name Browand, David B Dr. Street Address (P.O. Box Number is Not Acceptable) 6760 NW 22nd Ct City Margate FL Zip Code 33063		
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 <u>David B. Browand</u> President 1-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWAND, DAVID B DR. 4959 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6760 NW 22 COURT MARGATE, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>David B. Browand</u> President 1-30-07 1646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9541341-1646 <small>Daytime Phone #</small>		