


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90048 039 \*\*\*150.00

<b>DOCUMENT # P99000106550</b> 1. Entity Name <b>TRI CITY HEALTH AND REHAB, P.A.</b>					
Principal Place of Business <b>6760 NW 22 CT MARGATE, FL 33063</b>			Mailing Address <b>6760 NW 22 CT MARGATE, FL 33063</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0967886</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BROWAND, DAVID B DR. 6760 NW 22ND CT MARGATE, FL 33063</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWAND, DAVID B DR. 6760 NW 22 CT MARGATE, FL 33063</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BROWAND, KELLY L 6760 NW 22 CT MARGATE, FL 33063</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: _____</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>3-21-08</b> Daytime Phone # <b>954 304 1646</b>					