2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT						Secretary of State				
DOCUMENT # P99000106550						03-24-2008	•			
1. Entity Name TRI CITY HEALTH AND REHAB, P.A.										
		· "·								
Principal Plac	e of Business	Mailing Address	Mailing Address		ันูบบ	-				
6760 NW 22 CT Margate, FL 33063		6760 NW 22 CT								
MARGATE, FL 33063 MARGATE, FL 33063						M NEN PANE ANGI	PI(B)	PF () () () ()		
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite Ant	# ata	Suite, Apt. #, etc.			-	ISKIB IBIII BAJII BAJII BAII	LI MALI BAHA GNAI	######################################	1661 IL IEBI	
Suite, Apt. #, etc.		Suite. Apr. #. etc.			03112008	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Number Applied For 65-0967886 Not Applicable						
Zip Country		Zip Co		try		t Status Desired		B.75 Addi	itional	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R				
BROWAND, DAVID B DR.				Name						
6760 NW 2				Street Address (P.O. Box Number is Not Acceptable)))			
MAROATE	.,1 2 33000		,							
				City		-	FL	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										
Signature: typed or printed name of registered agent and tille if applicable (MOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Commission. Added to Fees							1			
	ay 1, 2008 Fee will be \$550.			LI AGO	ded to Fees					
10.	OFFICERS AND DIRECTORS Delicits		11.	:	ADDITIONS/0	CHANGES TO OFF		IRECTORS Change	S IN 11	
NAMÉ	BROWAND, DAVID B DR.		NAM	ı			_	Orazings		
STREET ADDRESS CITY-ST-ZIP	6760 NW 22 CT MARGATE, FL 33063			ET ADDRESS -S1-ZIP						
IME	S Delete Int.						Change	Addition		
NAME STREET ADDRESS	BROWAND, KELLY L 6760 NW 22 CT		NAM	·						
CITY-ST-ZIP	MARGATE, FL 33063	,		ET ADDRESS -S1-ZIP						
TITLE			TITLE	1			C	Chánge	Addition	
NAME	a -		NAM STRE	ET ADDRESS				_		
CITY-ST-ZIP				·ST-2iP						
NAME		☐ Celete	TITLE NAM				[Change	Addition	
STREET ADDRESS			•	ET ADDRESS						
CITY-ST-ZIP		Delete	CHY	-ST-ZIP				Change	Addition	
NAME		L. Delete	NAM				L	onange	L.I Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE			गांध					Change	Addition	
NAME PERMIT ADDRESS			MAM	ET ADORESS	•	• -		•	·· · · / .	
STREET ADDRESS . O(1Y=SY=ZIP_		-	SIRE CHY-			•				
·	•									

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIRECTOR

3.21-08

9543041646

Date

Daytime Phone #