2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# P99000106550

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

Current Principal Place of Business:

6760 NW 22 CT
MARGATE, FL 33063

New Principal Place of Business:

320 COVENANT DR. NE
CLEVELAND, TN 37323

Current Mailing Address:

6760 NW 22 CT
MARGATE, FL 33063

New Mailing Address:

320 COVENANT DR. NE
CLEVELAND, TN 37323

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 B DR.
6760 NW 22ND CT
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

BROWAND, DAVID B DR.
320 COVENANT DR. NE
TENNESSEE
CLEVELAND, FL 37323 US

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: DAVID B. BROWAND 05/07/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWAND, DAVID B DR.
Address: 6760 NW 22 CT
City-St-Zip: MARGATE, FL 33063

Title: S ( ) Delete
Name: BROWAND, KELLY L
Address: 6760 NW 22 CT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BROWAND, DAVID B DR.
Address: 320 COVENANT DR. NE
City-St-Zip: CLEVELAND, TN 37323

Title: S (X) Change ( ) Addition
Name: BROWAND, KELLY L
Address: 320 COVENANT DR. NE
City-St-Zip: CLEVELAND, TN 37323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID B. BROWAND DR. 05/07/2009
Electronic Signature of Signing Officer or Director Date