2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2016
Secretary of State
CC1147861602

DOCUMENT# N14000010091

Entity Name: TRI-COUNTY NURSING AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

485 N. KELLER ROAD
SUITE 250
MAITLAND, FL 32751

Current Mailing Address:

485 N. KELLER ROAD
SUITE 250
MAITLAND, FL 32751 US

FEI Number: 47-2219363

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIMBLE, TAMARA L
900 HOPE WAY
ALTAMONTE SPRINGS, FL 32714 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	GIVENS, MICHELLE
Address	485 N. KELLER ROAD SUITE 250
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	EVANS, THOMAS
Address	12501 OLD COLUMBIA PIKE
City-State-Zip:	SILVER SPRING MD 20904

Title	D
Name	MCDONALD, RAYMOND A
Address	485 N. KELLER ROAD SUITE 250
City-State-Zip:	MAITLAND FL 32751

Title	ASSISTANT SECRETARY
Name	ADDISCOTT, LYNN
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D
Name	ANDERSON, ROGER
Address	485 N. KELLER ROAD SUITE 250
City-State-Zip:	MAITLAND FL 32751

Title	D, CHAIRMAN
Name	HENDERSCHEDT, ROBERT
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	D, ASST. SECRETARY
Name	RATHBUN, PAUL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASST. SECRETARY
Name	BLOCK, MARK
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ARIEL DE PRADA ASSISTANT SECRETARY 02/24/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	DE PRADA, ARIEL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASST. SECRETARY
Name	RODMAN, DAVID
Address	485 N. KELLER ROAD SUITE 250
City-State-Zip:	MAITLAND FL 32751

Title	ASST. SECRETARY
Name	SHAW, TERRY D.
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASST. SECRETARY
Name	JOHNSON, KENT
Address	485 N. KELLER ROAD SUITE 250
City-State-Zip:	MAITLAND FL 32751

Title	ASST. SECRETARY
Name	SAUNDERS, MICHAEL
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	ASSIST. SECRETARY
Name	GRAFF, JEFF
Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714