

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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 ANDERSON, ROGER
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 DIRECTOR, CHAIRMAN
Name JOHNSON, SANDRA
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title ASST. SECRETARY
Name RATHBUN, PAUL
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

Title ASSISTANT SECRETARY
Name ADDISCOTT, LYNN
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 03/03/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASST. SECRETARY
Name JOHNSON, KENT
Address 602 COURTLAND STREET
SUITE 200
City-State-Zip: ORLANDO FL 32804

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

Title DIRECTOR, ASST. SECRETARY
Name SEIFERT, LEWIS
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 602 COURTLAND STREET
SUITE 200
City-State-Zip: ORLANDO FL 32714

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