

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000055266

**Entity Name:** TLC REHAB & AQUATICS, INC.

**Current Principal Place of Business:**

8477 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

**Current Mailing Address:**

8477 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

**FEI Number:** 59-3454878

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALDROP, DREAMA M  
10070 W HALLS RIVER ROAD  
HOMOSASSA, FL 34448 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 WALDROP, DREAMA M  
Address 10070 W. HALLS RIVER RD  
City-State-Zip: HOMOSASSA FL 34448

Title D  
Name WALDROP, MARK  
Address 10070 W. HALLS RIVER RD  
City-State-Zip: HOMOSASSA FL 34448

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

**SIGNATURE:** MARK WALDROP

**MANAGER**

**01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date