

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713392

FILED
Apr 27, 2011
Secretary of State

Entity Name: OKEECHOBEE REHABILITATION FACILITY, INC.

Current Principal Place of Business:

403 NW 2ND AVENUE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

403 NW 2ND AVENUE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 59-1199393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAMERON, COLIN M
200 NE 4TH AVENUE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: SYFRETT, FRAN
Address: 3079 NE 8TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: DIR
Name: AUTRY, MARY
Address: 201 NW 12TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

Title: DIR
Name: MARSH, GWEN
Address: 10630 NW 14TH TRAIL
City-St-Zip: OKEECHOBEE, FL 34972

Title: TS
Name: ZEIGLER, NANCY
Address: 403 NW 2ND AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: DIR
Name: ESTRADA, ISIDORO
Address: 120 SW 21ST TERR
City-St-Zip: OKEECHOBEE, FL 34974

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: NANCY ZEIGLER

TS

04/27/2011

Electronic Signature of Signing Officer or Director

Date