


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000072397**  
1. Entity Name  
**KEYSTONE HEALTHCARE & REHABILITATION SERVICES, INC.**



Principal Place of Business      Mailing Address  
2701 PARK DR STE 5      2701 PARK DR STE 5  
CLEARWATER, FL 33763      CLEARWATER, FL 33763

**DO NOT WRITE IN THIS SPACE**



01212005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**04-3699071**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVE.  
STE. 200  
TALLAHASSEE, FL 32302

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, TINA L
STREET ADDRESS	3115 COVENTRY LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	VD
NAME	SPARKS, ROBERT D
STREET ADDRESS	3115 COVENTRY LANE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000202920  
01/29/05-80009-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Sparks / ROBERT SPARKS      1/29/05    727-796-5478  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #