

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072397

FILED
Apr 29, 2008
Secretary of State

Entity Name: KEYSTONE HEALTHCARE & REHABILITATION SERVICES, INC.

Current Principal Place of Business:

2701 PARK DR STE 5
CLEARWATER, FL 33763

New Principal Place of Business:

2040 NE COACHMAN RD
SUITE A
CLEARWATER, FL 33765

Current Mailing Address:

2701 PARK DR STE 5
CLEARWATER, FL 33763

New Mailing Address:

2040 NE COACHMAN RD
SUITE A
CLEARWATER, FL 33765

FEI Number: 04-3699071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, TINA L
Address: 3115 COVENTRY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VD () Delete
Name: SPARKS, ROBERT D
Address: 3115 COVENTRY LANE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DAVIS, TINA L
Address: 130 STANTON CIR
City-St-Zip: OLDSMAR, FL 34677

Title: VP (X) Change () Addition
Name: SPARKS, ROBERT D
Address: 130 STANTON CIR
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TINA L. DAVIS

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date