

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072397

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: KEYSTONE HEALTHCARE & REHABILITATION SERVICES, INC.

**Current Principal Place of Business:**

2040 NE COACHMAN RD  
SUITE A  
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

2040 NE COACHMAN RD  
SUITE A  
CLEARWATER, FL 33765

**New Mailing Address:**

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:**

GREGORY D. CLARK, P.A.  
1201 SOUTH HIGHLAND AVENUE  
SUITE 9  
CLEARWATER, FL 33756 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: GREGORY D. CLARK      04/20/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: DAVIS, TINA L  
Address: 2040 NE COACHMAN RD, STE A  
City-St-Zip: CLEARWATER, FL 33765

Title: VP (X) Change ( ) Addition  
Name: SPARKS, ROBERT D  
Address: 2040 NE COACHMAN RD, STE A  
City-St-Zip: CLEARWATER, FL 33765

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      04/20/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date