

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072397

**FILED**  
**Apr 06, 2011**  
**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:**

GREGORY D. CLARK, P.A.  
1201 SOUTH HIGHLAND AVENUE  
SUITE 9  
CLEARWATER, FL 33756 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: PRES  
Name: DAVIS, TINA L  
Address: 2040 NE COACHMAN RD, STE A  
City-St-Zip: CLEARWATER, FL 33765

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

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: ROBERT D. SPARKS

VP

04/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date