

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072397

FILED
Feb 13, 2012
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 (X)

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

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

Title: S/T
Name: DULIK, CHRISTOPHER A
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: CHRISTOPHER A. DULIK, CPA

S/T

02/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date