

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052005

FILED
Mar 30, 2010
Secretary of State

Entity Name: SILVER HILLS HEALTH & REHAB CLINIC INC

Current Principal Place of Business:

4823 SILVER STAR RD., SUITE 130
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4823 SILVER STAR RD., SUITE 130
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-0020183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTENOR, WESLEY
4823 SILVER STAR RD., SUITE 130
ORLANDO, FL 32808 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: D
Name: ALTENOR, WESLEY
Address: 4823 SILVER STAR RD., SUITE 130
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: ALTENOR, WILKEN
Address: 4823 SILVER STAR RD., SUITE 130
City-St-Zip: ORLANDO, FL 32808

Title: D
Name: ALTENOR, WETZER
Address: 4823 SILVER STAR RD., SUITE 130
City-St-Zip: ORLANDO, FL 32808

Title: P
Name: JEAN, SAMUEL
Address: 4823 SILVER STAR RD., SUITE 130
City-St-Zip: ORLANDO, FL 32808 FL

Title: VP
Name: ALTENOR, HERNA
Address: 4823 SILVER STAR RD., SUITE 130
City-St-Zip: ORLANDO, FL 32808 FL

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: WETZER ALTENOR

D

03/30/2010

Electronic Signature of Signing Officer or Director

Date