

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2013
Secretary of State
CC6037790178

Entity Name: KEYSTONE HEALTHCARE & REHABILITATION SERVICES, INC.

Current Principal Place of Business:

2040 NE COACHMAN RD
SUITE A
CLEARWATER, FL 33765

Current Mailing Address:

2040 NE COACHMAN RD
SUITE A
CLEARWATER, FL 33765

FEI Number: 04-3699071

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title S/T
Name DULIK, CHRISTOPHER A
Address 2040 NE COACHMAN RD, STE A
City-State-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 DULIK

S/T

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date