

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000072397

**Entity Name:** KEYSTONE HEALTHCARE & REHABILITATION SERVICES, INC.

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC7677301455**

**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: Yes**

**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**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date