

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000072397

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

**FILED**  
**Apr 03, 2023**  
**Secretary of State**  
**2040938773CC**

**Current Principal Place of Business:**

2040 NE COACHMAN RD  
SUITE A  
CLEARWATER, FL 33765

**Current Mailing Address:**

5266 OFFICE PARK BLVD  
SUITE 204  
BRADENTON, FL 34203 US

**FEI Number: 04-3699071**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WALTERS, DOUGLAS  
5266 OFFICE PARK BLVD  
SUITE 204  
BRADENTON, FL 34203 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: DOUGLAS WALTERS**

**04/03/2023**

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, SECRETARY  
Name COMPETELLI, KIMBERLY  
Address 2040 NE COACHMAN RD  
SUITE 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: ROBERT SPARKS**

**D/P**

**04/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date