

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072397

**FILED
Apr 18, 2019
Secretary of State
9245113977CC**

Entity Name: KEYSTONE HEALTHCARE & REHABILITATION SERVICES, INC.

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

04/18/2019

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

PRESIDENT

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date