2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

DOCUMENT# G27670

Entity Name: FLORIDA CONVALESCENT CENTERS, INC.

Current Principal Place of Business:

2033 MAIN STREET, SUITE 300
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2033 MAIN STREET, SUITE 300
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 59-2288672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAPITAL CONNECTION
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: MCCARVER, JAMES O
Address: 2033 MAIN STREET, SUITE 300
City-St-Zip: SARASOTA, FL 34237

Title: VTD
Name: MCCARVER, PAT
Address: 2033 MAIN STREET, SUITE 300
City-St-Zip: SARASOTA, FL 34237

Title: VCFO
Name: FUHRMEISTER, BRIAN
Address: 2033 MAIN STREET, SUITE 300
City-St-Zip: SARASOTA, FL 34237

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: BRIAN FUHRMEISTER VCFO 03/30/2011

Electronic Signature of Signing Officer or Director Date