

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002568

FILED
Jan 27, 2006
Secretary of State

Entity Name: TOWERS HOME CARE AND REHABILITATION SERVICES, INC.

Current Principal Place of Business:

210 S LAKE AVENUE SUITE 200
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

210 S LAKE AVENUE SUITE 200
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3719464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, RICHARD E
300 EAST CHURCH STREET
ORLANDO, FL 32801 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: D () Delete
Name: FULMER, MACK
Address: 1141 WINDSONG ROAD
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: CARLSON, WILLIAM E
Address: 9955 LAKE GEORGIA DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: BUCKNER, ROBERT
Address: 909 SWEETBRIAR ROAD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FULMER, MACK
Address: 1141 WINDSONG ROAD
City-St-Zip: ORLANDO, FL 32809

Title: VD (X) Change () Addition
Name: CARLSON, WILLIAM E
Address: 9955 LAKE GEORGIA DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: STD (X) Change () Addition
Name: BUCKNER, ROBERT
Address: 909 SWEETBRIAR ROAD
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACK FULMER

PD

01/27/2006

Electronic Signature of Signing Officer or Director

Date