

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002568

FILED  
Apr 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

210 LAKE AVENUE  
SUITE 200  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

210 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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: CARLSON, WILLIAM E  
Address: 9955 LAKE GEORGIA DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: STD ( ) Delete  
Name: BUCKNER, LUTHER R  
Address: 909 SWEETBRIAR ROAD  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: WEIR, WILLIAM C  
Address: 312 SANTIAGO DRIVE  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify 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: LUTHER R BUCKNER

STD

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date