

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 02, 2010
Secretary of State**

DOCUMENT# N01000002568

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: PD
Name: WEIR, WILLIAM C
Address: 312 SANTIAGO DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: TSD
Name: BUCKNER, LUTHER R
Address: 909 SWEETBRIAR ROAD
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: FULMER, MACK
Address: 1141 WINDSONG ROAD
City-St-Zip: ORLANDO, FL 32809

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUTHER R BUCKNER

S

04/02/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date