

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002568

FILED
Apr 16, 2011
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: PD
Name: WEIR, WILLIAM C
Address: 311 E. MORSE BLVD., BLDG 2, APT 5
City-St-Zip: WINTER PARK, FL 32789 US

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

Title: TD
Name: WELLS, JAMES A
Address: 601 N. ATLANTIC AVE., #207
City-St-Zip: N SMYRNA BEACH, FL 32169 US

Title: VD
Name: THOMPSON, GUY
Address: 825 E. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806 US

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: WILLIAM C. WEIR

PRES

04/16/2011

Electronic Signature of Signing Officer or Director

Date