

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002568

FILED  
Mar 30, 2012  
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: INMAN, JACK C  
Address: 300 EAST CHURCH STREET, APT 1010  
City-St-Zip: ORLANDO, FL 32801 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

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date