

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011212

FILED
Jan 26, 2011
Secretary of State

Entity Name: EAST ORLANDO HEALTH & REHAB CENTER, INC.

Current Principal Place of Business:

250 S. CHICKASAW TRIAL
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

250 S. CHICKASAW TRIAL
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 20-5774748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIMBLE, T.L.
111 N. ORLANDO AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BROMME, JEFF
111 N. ORLANDO AVE.
WINTER PARK, FL 32789 US

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: JEFF BROMME

01/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD
Name: HENDERSCHIEDT, ROBERT
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: RATHBUN, PAUL C
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS
Name: DE PRADA, ARIEL
Address: 111 N. ORLANDO AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: AS
Name: MCMULLEN, ROBERT E
Address: 602 COURTLAND ST., SUITE 200
City-St-Zip: ORLANDO, FL 32804

Title: PD
Name: GIVENS, MICHELLE
Address: 602 COURTLAND ST. SUITE 200
City-St-Zip: ORLANDO, FL 32804

Title: AS
Name: RODMAN, DAVID
Address: 602 COURTLAND STREET, SUITE 200
City-St-Zip: ORLANDO, FL 32804

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: ARIEL DE PRADA

AS

01/26/2011

Electronic Signature of Signing Officer or Director

Date

East Orlando Health & Rehab Center, Inc.

Board Members and Officers

*******BOARD MEMBERS*******

NO 6-11212

1. Roger Anderson
380 S. SR 434 #1004-151
Altamonte Springs, FL 32714
2. Thomas Evans
12501 Old Columbia Pike
Silver Spring, MD 20904
3. Michelle Givens
602 Courtland Street, Suite 200
Orlando, FL 32804
4. Robert R. Henderschedt
111 North Orlando Avenue
Winter Park, FL 32789
5. Raymond Andrew McDonald
2800 N Orlando Avenue
Orlando, Florida 32804
6. Paul C. Rathbun
111 North Orlando Avenue
Winter Park, FL 32789

*******OFFICERS *******

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| 1. Lynn C. Addiscott, Asst. Secretary
111 N. Orlando Avenue
Winter Park, FL 32789 | 7. Robert E. McMullen, Asst. Secretary
602 Courtland Street, Suite 200
Orlando, FL 32804 |
| 2. Mark Block, Asst. Secretary
111 North Orlando Avenue
Winter Park, FL 32789 | 8. David L. Rodman, Asst. Secretary
602 Courtland Street, Suite 200
Orlando, FL 32804 |
| 3. Ariel De Prada, Asst. Secretary
111 N. Orlando Avenue
Winter Park, FL 32789 | 9. Michael Saunders, Asst. Secretary
111 North Orlando Avenue
Winter Park, FL 32789 |
| 4. Michelle Givens, President
602 Courtland Street, Suite 200
Orlando, FL 32804 | 10. Terry D. Shaw, Asst. Secretary
111 North Orlando Avenue
Winter Park, FL 32789 |
| 5. Robert R. Henderschedt, Chairman
111 North Orlando Avenue
Winter Park, FL 32789 | 11. David Singleton, Assist. Secretary
111 North Orlando Avenue
Winter Park, FL 32789 |
| 6. Kent Johnson, Assist. Secretary
602 Courtland Street - #200
Orlando, FL 32804 | 12. Gary Skilton, Assist. Secretary
111 N. Orlando Avenue
Winter Park, FL 32789 |