

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011213

FILED
Jan 25, 2012
Secretary of State

Entity Name: ZEPHYRHILLS HEALTH & REHAB CENTER, INC.

Current Principal Place of Business:

7350 DAIRY ROAD
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

7350 DAIRY ROAD
ZEPHYRHILLS, FL 33540

New Mailing Address:

FEI Number: 20-5774967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, MICHELLE
602 COURTLAND STREET
SUITE 200
ORLANDO, FL 32804 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: AS
Name: MCMULLEN, ROBERT
Address: 602 COURTLAND STREET, 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

Title: AS
Name: DE PRADA, ARIEL
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: CD
Name: HENDERSCHIEDT, ROBERT
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: AS
Name: ADDISCOTT, LYNN
Address: 900 HOPE WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

01/25/2012

Electronic Signature of Signing Officer or Director

Date

N06000011213

1-25-12

Zephyrhills Health & Rehab Center, Inc.

Board Members and Officers

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

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
900 Hope Way
Altamonte Springs, FL 32714
5. Raymond Andrew McDonald
2800 N Orlando Avenue
Orlando, Florida 32804
6. Paul C. Rathbun
900 Hope Way
Altamonte Springs, FL 32714

*****OFFICERS*****

- | | |
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| 1. Lynn C. Addiscott, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 | 7. Robert E. McMullen, Asst. Secretary
602 Courtland Street, Suite 200
Orlando, FL 32804 |
| 2. Mark Block, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 | 8. David L. Rodman, Asst. Secretary
602 Courtland Street, Suite 200
Orlando, FL 32804 |
| 3. Ariel De Prada, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 | 9. Michael Saunders, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 |
| 4. Michelle Givens, President
602 Courtland Street, Suite 200
Orlando, FL 32804 | 10. Terry D. Shaw, Asst. Secretary
900 Hope Way
Altamonte Springs, FL 32714 |
| 5. Robert R. Henderschedt, Chairman
900 Hope Way
Altamonte Springs, FL 32714 | 11. David Singleton, Assist. Secretary
900 Hope Way
Altamonte Springs, FL 32714 |
| 6. Kent Johnson, Assist. Secretary
602 Courtland Street - #200
Orlando, FL 32804 | |