

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011215

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** ZEPHYR HAVEN HEALTH & REHAB CENTER, INC.

**Current Principal Place of Business:**

38250 A AVENUE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

38250 A AVENUE  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 20-5774930

**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:** PD  
**Name:** GIVENS, MICHELLE  
**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:** MCMULLEN, ROBERT  
**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:** 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

N06 000011215  
1-25-12

## **Zephyr Haven 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\*\*\*\*\***

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