2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2012
Secretary of State

DOCUMENT# N10000006611

Entity Name: CHESTFORD RESIDENTIAL AND REHABILITATION CENTER, INC.

Current Principal Place of Business:

6659 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

6659 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 80-0509280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORBES, JO FRANCES
6659 VETERANS MEMORIAL DRIVE
TALLAHASSEE, FL 32309 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: O
Name: CHESTER, CLEM
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: O
Name: CHESTER, ANNA
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: O
Name: FORBES, GARY
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: SEC
Name: CAREY, THEODORIA
Address: 6659 VETERANS MEMORIAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

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: JO FRANCES FORBES D 02/22/2012

Electronic Signature of Signing Officer or Director — Date