

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 031 ***150.00

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1. Entity Name

FT. LAUDERDALE HEALTH & REHABILITATION CENTER,
INC.



Principal Place of Business

2000 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33308

Mailing Address

2000 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1038539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STRAWN, STEVE
STREET ADDRESS 5547 BETTY FORD RD #10 Spring Park St., #303
CITY-ST-ZIP MURFREESBORO, TN 37130 Celebration, FL 34747

TITLE AS
NAME AYERS, JACQUELYN
STREET ADDRESS PO BOX 11037
CITY-ST-ZIP MURFREESBORO, TN 37129

TITLE PT
NAME ANGEL, KEN
STREET ADDRESS 2000 E. COMMERCIAL BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE S
NAME GOLDBERG, KRISTIN
STREET ADDRESS 2000 E COMMERCIAL BLVD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

954-771-2300

Daytime Phone #