

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90008 024 \*\*\*150.00

DOCUMENT # P00000085012

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

2. Principal Place of Business - No P.O. Box #  
3547 Betty Ford Rd

3. Mailing Address  
PO Box 11037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008

Chg-P

CR2E034 (12/06)

City & State  
Murfreesboro, TN

City & State  
Murfreesboro, TN

4. FEI Number  
65-1038539

Applied For  
Not Applicable

Zip  
37130

Country  
USA

Zip  
37129

Country  
USA

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 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	<input type="checkbox"/> Delete
NAME	STRAWN, STEVE	
STREET ADDRESS	910 SPRING PARK STRRE #303	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	AS	<input type="checkbox"/> Delete
NAME	AYERS, JACQUELYN	
STREET ADDRESS	PO BOX 11037	
CITY-ST-ZIP	MURFREESBORO, TN 37129	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	STRAWN, STEVE	
STREET ADDRESS	910 SPRING PARK STREET #303	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, KRISTIN	
STREET ADDRESS	2000 E COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	52 Riley Road, #381	
CITY-ST-ZIP	Celebration, FL 34747	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/08