

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085012

FILED
Jan 08, 2009
Secretary of State

Entity Name: FT. LAUDERDALE HEALTH & REHABILITATION CENTER, INC.

Current Principal Place of Business:

3547 BETTY FORD RD
MURFREESBORO, TN 37130

New Principal Place of Business:

Current Mailing Address:

PO BOX 11037
MURFREESBORO, TN 37129

New Mailing Address:

FEI Number: 65-1038539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: STRAWN, STEVE
Address: 52 RILEY ROAD #381
City-St-Zip: CELEBRATION, FL 34747

Title: S () Delete
Name: AYERS, JACQUELYN
Address: PO BOX 11037
City-St-Zip: MURFREESBORO, TN 37129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE STRAWN

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date