

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000085012

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

3547 BETTY FORD RD  
DRIVE #2  
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

**OFFICERS AND DIRECTORS:**

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE STRAWN

D

02/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date