

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052005

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: SILVER HILLS HEALTH & REHAB CLINIC INC

## Current Principal Place of Business:

4823 SILVER STAR RD., SUITE 130  
ORLANDO, FL 32808

## New Principal Place of Business:

## Current Mailing Address:

4823 SILVER STAR RD., SUITE 130  
ORLANDO, FL 32808

## New Mailing Address:

FEI Number: 20-0020183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALTENOR, WESLEY  
4823 SILVER STAR RD., SUITE 130  
ORLANDO, FL 32808 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: D ( ) Delete  
Name: ALTENOR, WESLEY  
Address: 4823 SILVER STAR RD., SUITE 130  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: ALTENOR, WILKEN  
Address: 4823 SILVER STAR RD., SUITE 130  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: ALTENOR, WETZER  
Address: 4823 SILVER STAR RD., SUITE 130  
City-St-Zip: ORLANDO, FL 32808

Title: P ( ) Delete  
Name: JEAN, SAMUEL  
Address: 4823 SILVER STAR RD., SUITE 130  
City-St-Zip: ORLANDO, FL 32808 FL

Title: VP ( ) Delete  
Name: ALTENOR, HERNA  
Address: 4823 SILVER STAR RD., SUITE 130  
City-St-Zip: ORLANDO, FL 32808 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WETZER ALTENOR

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date