

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067994

FILED
Aug 08, 2007
Secretary of State

Entity Name: ADVANTACARE HEALTH AND REHABILITATION INC.

Current Principal Place of Business:

1522 E. ROBINSON ST.
ORLANDO, FL 32801

New Principal Place of Business:

509 W. COLONIAL DRIVE
ORLANDO, FL 32804

Current Mailing Address:

1522 E. ROBINSON ST.
ORLANDO, FL 32801

New Mailing Address:

509 W. COLONIAL DRIVE
ORLANDO, FL 32804

FEI Number: 57-1172560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RECKSIEDLER, CHRISTOPHER C D.C.
2036 NORTH UMBRIA DR.
SANFORD, FL 32771 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RECKSIEDLER, CHRISTOPHER C DR
Address: 2036 NORTH UMBRIA DR.
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRISTOPHER RECKSIEDLER

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08/08/2007

Electronic Signature of Signing Officer or Director

Date