

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90014 010 ***150.00

DOCUMENT # P03000152336					
1. Entity Name LAKE BENNETT HEALTH AND REHABILITATION CENTER, INC.					
Principal Place of Business 1091 KELTON AVENUE OCOEE, FL 34761			Mailing Address 1091 KELTON AVENUE OCOEE, FL 34761		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0560346	
Zip		Country		Zip	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, SHELBY 1091 KELTON AVENUE OCOEE, FL 34761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PARKER, SHELBY 1091 KELTON AVENUE OCOEE, FL 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAWN, STEVE 910 SPRING PARK ST #303 CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STRAWN, STEVE 910 Spring Park St #303 Celebration, FL 34747 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BLOOMER, JAY 1091 KELTON AVE OCOEE, FL 34761 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZWEYDOFF, ANNETTE 1091 KELTON AVE OCOEE, FL 34761 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS AYERS, JACQUELYN PO BOX 11037 MURFREESBORO, TN 37129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: _____ <i>SHELBY PARKER</i> 3/9/07 407-420-2090 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					