

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089793

FILED
Feb 28, 2011
Secretary of State

Entity Name: OSCEOLA NURSING AND REHABILITATION, INC.

Current Principal Place of Business:

4201 WEST NEW NOLTE RD
ST CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4201 WEST NEW NOLTE RD
ST CLOUD, FL 34772

New Mailing Address:

FEI Number: 26-3469707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, SHELBY T
4201 WEST NEW NOLTE RD
ST CLOUD, FL 34772 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: D
Name: PARKER, SHELBY
Address: 4201 W NEW NOLTE RD
City-St-Zip: ST CLOUD, FL 34772

Title: P
Name: PATE, BOB J
Address: 4201 W NEW NOLTE RD
City-St-Zip: ST CLOUD, FL 34772

Title: T
Name: AGUDELO, NORA
Address: 4201 W NEW NOLTE RD
City-St-Zip: ST COULD, FL 34772

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: BOB J. PATE

PRES

02/28/2011

Electronic Signature of Signing Officer or Director

Date