2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2015
Secretary of State
CC1233359227

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Entity Name: TOWERS HOME CARE AND REHABILITATION SERVICES, INC.

Current Principal Place of Business:

210 LAKE AVENUE
SUITE 200
ORLANDO, FL 32801

Current Mailing Address:

210 LAKE AVENUE
SUITE 200
ORLANDO, FL 32801

FEI Number: 59-3719464

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	PD
Name	WEIR, WILLIAM C
Address	311 E. MORSE BLVD., BLDG 2, APT 5
City-State-Zip:	WINTER PARK FL 32789

Title	DIRECTOR
Name	THOMPSON, GUY
Address	825 E. MICHIGAN STREET
City-State-Zip:	ORLANDO FL 32806

Title	SD
Name	MOLETTEIRE, FRANK X
Address	300 EAST CHURCH STREET APT #816
City-State-Zip:	ORLANDO FL 32801

Title	TD
Name	RYAN, MICHAEL
Address	139 W. FAWSETT ROAD
City-State-Zip:	WINTER PARK FL 32789

Title	CFO
Name	KIMBRO, GEORGE
Address	300 E. CHURCH STREET
City-State-Zip:	ORLANDO FL 32801

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

SIGNATURE: GEORGE KIMBRO CFO 04/01/2015

Electronic Signature of Signing Officer/Director Detail — Date