## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002568

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

FILED Apr 09, 2021 Secretary of State 9939317417CC

## **Current Principal Place of Business:**

300 EAST CHURCH STREET ORLANDO. FL 32801

## **Current Mailing Address:**

300 EAST CHURCH STREET ORLANDO, FL 32801 US

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 CEO Title VC

Name LABRECQUE, ALICIA Name MADDRON, KEVIN

Address 300 EAST CHURCH STREET Address 300 EAST CHURCH STREET

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN Title SECRETARY

Name LYBERG, CARLA Name STEINBERGER, RICK

Address 300 E. CHURCH STREET Address 300 EAST CHURCH STREET

City-State-Zip: ORLANDO FL 32801 City-State-Zip: ORLANDO FL 32801

Title TREASURER

Name WORTMAN, STEVE

Address 300 EAST 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: ALICIA LABRECQUE

Electronic Signature of Signing Officer/Director Detail

CEO

04/09/2021