

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002568

Entity Name: TOWERS HOME CARE AND REHABILITATION SERVICES, INC.**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
Name LABRECQUE, ALICIA
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN
Name LYBERG, CARLA
Address 300 E. CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title TREASURER
Name ANELLO, TODD
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BOWLES, MARGRET
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title VC
Name MADDRON, KEVIN
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title SECRETARY
Name STEINBERGER, RICK
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name BEUMER, DENISE
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name FRITZ, CHARLES
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

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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

CEO

04/06/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JENNINGS, JEFF
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name WORTMAN, STEVE
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name LEE, BARBARA
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801