

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002568

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

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

Title TREASURER
Name BLOODWORTH, DARRYL
Address 800 NORTH MAGNOLIA AVE
SUITE 1500
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name LEE, BARBARA
Address 2211 MISCINDY PLACE
City-State-Zip: ORLANDO FL 32806

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

Title CHAIRMAN
Name HABAS, LEONARD
Address 300 N NEW YORK AVE
#1358
City-State-Zip: WINTER PARK FL 32790

Title DIRECTOR
Name ASHER, JEANNE
Address 300 EAST CHURCH STREET
1201
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name DONAHUE, DENNIS
Address 131 STONE POST ROAD
City-State-Zip: LONGWOOD FL 32779

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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: GEORGE KIMBROCHIEF FINANCIAL
OFFICER

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VESTAL, MICHAEL
Address 1051 W. WEBSTER AVENUE
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT
Name LABRECQUE, ALICIA
Address 300 EAST CHURCH STREET
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name KING, BONNIE
Address 1007 WILKINSON STREET
City-State-Zip: ORLANDO FL 32803