2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2024
Secretary of State
4165373488CC

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

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

Title	DIRECTOR
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	CHAIRMAN
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	VICE CHAIR
Name	JENNINGS, JEFF
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 02/15/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	BUNEVICH, SUE
Address	300 E CHURCH STREET
City-State-Zip:	ORLANDO FL 32801

Title	TREASURER
Name	PETTIT, SARAH
Address	300 E. CHURCH STREET
City-State-Zip:	ORLANDO FL 32801