

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011215

Entity Name: ZEPHYR HAVEN HEALTH & REHAB CENTER, INC.

Current Principal Place of Business:

38250 A AVENUE
ZEPHYRHILLS, FL 33542

Current Mailing Address:

38250 A AVENUE
ZEPHYRHILLS, FL 33542 US

FEI Number: 20-5774930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYCE, KEITH
485 N. KELLER ROAD
SUITE 250
MAITLAND, FL 32751 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: KEITH BOYCE

01/24/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. SECRETARY
Name RODMAN, DAVID
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title CHAIRMAN, DIRECTOR
Name STILTZ, BRYAN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name ADDISCOTT, LYNN
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name MCDONALD, RAYMOND A
Address 2800 N ORLANDO AVENUE
City-State-Zip: ORLANDO FL 32804

Title ASSIST. SECRETARY
Name RATHBUN, PAUL C
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name VINCENT, HANEY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name GRAFF, JEFF
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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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: LYNN C. ADDISCOTT

ASSISTANT SECRETARY 01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BEAULIEU, TIMOTHY
Address 10605 BOCA POINTE DRIVE
City-State-Zip: ORLANDO FL 32836

Title ASSISTANT SECRETARY
Name HINDS, NIGEL
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name YOUNG, ANITA
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title ASST. SECRETARY
Name HUFFMAN, DAVID
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32751

Title DIRECTOR
Name THOMPSON, MICHAEL
Address 550 E. ROLLINS STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, ASST. SECRETARY
Name PETTIJOHN, KELLY
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name MUSGRAVE, LISA
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR, PRESIDENT, ASST.
SECRETARY
Name BOYCE, KEITH
Address 485 N KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751