

**2022 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

04/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	ASST. SECRETARY	Title	CHAIRMAN, DIRECTOR, ASSISTANT SECRETARY
Name	RODMAN, DAVID	Name	STILTZ, BRYAN
Address	485 N. KELLER ROAD SUITE 250	Address	900 HOPE WAY
City-State-Zip:	MAITLAND FL 32751	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	ASST. SECRETARY	Title	DIRECTOR
Name	ADDISCOTT, LYNN	Name	MCDONALD, RAYMOND A
Address	900 HOPE WAY	Address	2800 N ORLANDO AVENUE
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ORLANDO FL 32804
Title	ASSIST. SECRETARY	Title	ASST. SECRETARY
Name	RATHBUN, PAUL C	Name	VINCENT, HANEY
Address	900 HOPE WAY	Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	ALTAMONTE SPRINGS FL 32714
Title	ASST. SECRETARY	Title	ASSISTANT SECRETARY
Name	SAUNDERS, MICHAEL	Name	GRAFF, JEFF
Address	900 HOPE WAY	Address	900 HOPE WAY
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	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 ADDISCOTT

ASSISTANT SECRETARY

04/28/2022

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