
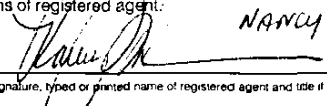
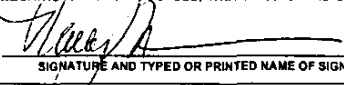


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90108 033 ****70.00

DOCUMENT # N06821			
1. Entity Name ALZHEIMER RESOURCE CENTER, INC.			
Principal Place of Business 1506 LAKE HIGHLAND DRIVE ORLANDO, FL 32803 US		Mailing Address 1506 LAKE HIGHLAND DRIVE ORLANDO, FL 32803 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04212008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2496511		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NANCY SQUILLACIOTI 1917 AQUARIUS COURT OVIEDO, FL 32766		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent: SIGNATURE:  NANCY SQUILLACIOTI DATE: 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BLOCK, JOY <input type="checkbox"/> Delete 200 SO. ORANGE AVENUE, SUITE 1800 ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Luis G. Allen, MD c/o Florida Hospital 601 E. Rollins Street Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY GALLOWAY, PATRICIA <input type="checkbox"/> Delete 118 OAK STREET ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Louis CIANFRONZA c/o Riverside Bank 401 S. Semoran Blvd Orlando, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SQUILLACIOTI, NANCY <input type="checkbox"/> Delete 1917 AQUARIUS COURT OVIEDO, FL 32766	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betsy McKeely, RN 303 Wood Street Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ELLIS, LESLIE L PHD <input type="checkbox"/> Delete 250 NOTTAWAY TRAIL MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH ZITZKA c/o LOWNDES BROSIDICK 215 No. Edia Dr Orlando FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALVAGE, JAMES <input checked="" type="checkbox"/> Delete 490 E. SOUTH STREET ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kathleen Flammia 2707 W. Fairbanks Ave, Suite 110 Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Wenick PO Box 962 Winter Park, FL 32790
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		NANCY SQUILLACIOTI 4/21/08 407.843.1910	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	