

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003173

FILED
Jan 19, 2011
Secretary of State

Entity Name: THE WELL OF TALLAHASSEE, INC.

Current Principal Place of Business:

400 CAPITAL CIRCLE SE
SUITE 18243
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

400 CAPITAL CIRCLE SE
SUITE 18243
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-8751978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSERRA, DEAN
7102 TOWNER TRACE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: INSERRA, DEAN
Address: 7102 TOWNER TRACE
City-St-Zip: TALLAHASSEE, FL 32312

Title: V
Name: ROBINSON, MATTHEW
Address: 4855 HERITAGE PARK BLVD
City-St-Zip: TALLAHASSEE, FL 32311

Title: S
Name: SIMMONS, SCOTT
Address: 5721 COUNTRYSIDE DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D
Name: HIGNIGHT, JOSH
Address: 209 BAY PINE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: MERRITT, JEFF
Address: 2305 KILEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D
Name: FOLSOM, MATT
Address: 3209 LAKE SHORE DRIVE E
City-St-Zip: TALLAHASSEE, FL 32312

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: MATTHEW C. ROBINSON

V

01/19/2011

Electronic Signature of Signing Officer or Director

Date