

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jan 09, 2012
Secretary of State**

DOCUMENT# N08000000672

Entity Name: GRACE MEDICAL HOME, INC.**Current Principal Place of Business:**51 PENNSYLVANIA STREET
ORLANDO, FL 32806**New Principal Place of Business:****Current Mailing Address:**51 PENNSYLVANIA STREET
ORLANDO, FL 32806**New Mailing Address:****FEI Number:** 26-1817966**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GARRIS, STEPHANIE N ED
51 PENNSYLVANIA STREET
ORLANDO, FL 32806 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:** D
Name: CARPENTER, RITSY
Address: 51 PENNSYLVANIA STREET
City-St-Zip: ORLANDO, FL 32806**Title:** D
Name: CARTER, KRISTIN
Address: 51 PENNSYLVANIA STREET
City-St-Zip: ORLANDO, FL 32806**Title:** D
Name: HARDY, MARVIN
Address: 51 PENNSYLVANIA STREET
City-St-Zip: ORLANDO, FL 32806**Title:** D
Name: KING, MARILYN CHR
Address: 51 PENNSYLVANIA STREET
City-St-Zip: ORLANDO, FL 32806**Title:** T
Name: HORTON, LEIGH ANN TRES
Address: 51 PENNSYLVANIA STREET
City-St-Zip: ORLANDO, FL 32806**Title:** D
Name: MORGAN, DIANNA VCHR
Address: 51 PENNSYLVANIA STREET
City-St-Zip: ORLANDO, FL 32806

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: STEPHANIE GARRIS

ED

01/09/2012

Electronic Signature of Signing Officer or Director

Date