2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2011
Secretary of State

DOCUMENT# N98000007330

Entity Name: ALEXANDER APARTMENTS OF PLANT CITY, INC.

Current Principal Place of Business:

5707 NORTH 22ND ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5707 NORTH 22ND ST
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3578632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MENTAL HEALTH CARE, INC.
5707 NORTH 22ND ST
TAMPA, FL 33610 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: CARRIER, MEL
Address: 1901 W. DEKLE AVE.
City-St-Zip: TAMPA, FL 33606

Title: STD
Name: BALLAS, EDWARD
Address: 12382 143RD AVE
City-St-Zip: LARGO, FL 33774

Title: PD
Name: CHOATE, ROBERT COL.
Address: 2866 BAYSHORE TRAILS DR.
City-St-Zip: TAMPA, FL 33611

Title: D
Name: MASSOLIO, JOHN
Address: 3403 FOREST BRIDGE CIR.
City-St-Zip: BRANDON, FL 33511

Title: D
Name: BARRON, ELIZABETH
Address: 3325 BAYSHORE BLVD, STE F-34
City-St-Zip: TAMPA, FL 33629

Title: D
Name: RUTHERFORD, JOE
Address: 5707 N. 22ND STREET
City-St-Zip: TAMPA, FL 33610

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: JOE RUTHERFORD D 02/14/2011

Electronic Signature of Signing Officer or Director Date