

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717448

**Entity Name:** LOUISE GRAHAM REGENERATION CENTER, INC.

**Current Principal Place of Business:**

2301 3RD AVE SOUTH  
ST PETERSBURG, FL 33712-1646

**Current Mailing Address:**

C/O R'CLUB CHILD CARE, INC.  
4140 49TH STREET N.  
ST PETERSBURG, FL 33709 US

**FEI Number:** 59-1305743

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

O'HARA, ARTHUR  
4140 49TH STREET N.  
ST. PETERSBURG, FL 33709 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MARTINO, LEE  
Address 5830 142ND AVENUE NORTH  
City-State-Zip: CLEARWATER FL 33760

Title VP  
Name RUPPEL, DENNIS  
Address 911 CHESTNUT ST  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name MORIARTY, THOMAS S  
Address 3637 4TH STREET N, #210  
City-State-Zip: SAINT PETERSBURG FL 33704

Title T  
Name TUSHAUS, BRADLEY C  
Address 611 S MAGNOLIA AVENUE  
City-State-Zip: TAMPA FL 33606

Title S  
Name JONES, THERESA  
Address P.O. BOX 3986  
City-State-Zip: ST. PETERSBURG FL 33731

*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:** LEE MARTINO

**PRESIDENT**

**02/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date