### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006479

Entity Name: VANDOR GERIATRIC HOMECARE, INC

**FILED** Apr 30, 2013 **Secretary of State** CC4164371111

# **Current Principal Place of Business:**

2110 NORTH 46 AVE HOLLYWOOD. FL 33021

# **Current Mailing Address:**

2110 NORTH 46 AVE HOLLYWOOD, FL 33021

FEI Number: 90-0413099 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

LIBURD, ADRIAN E 433 SW 24 AVE

FORT LAUDERDALE, FL 33312 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

ROBERTS, DOROTHY Name 4631 WEST PARK RD Address

HOLLYWOOD FL 33021 City-State-Zip:

Title

**MBR** 

LIBURD, ADRIAN Name Address 7466 NW 18 DR

PEMBROKE PINES FL 33024 City-State-Zip:

Title D

GOODING, RAWLE Name 433 SW 24 AVE Address

City-State-Zip: FORT LAUDERDALE FL 33312

VΡ Title

Title

Name

Address

City-State-Zip:

Name URIZER, HUGO Address 111 ROYAL AVE

VΡ

ROBERTS, IVAN

4631 WEST PARK RD

HOLLYWOOD FL 33021

FAIRFIELD CT 06825 City-State-Zip:

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: DOROTHY ROBERTS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/30/2013