

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007574

**FILED**  
**Jan 25, 2017**  
**Secretary of State**  
**CC7317482257**

**Entity Name:** SPACE COAST SENIOR CARE INC.

**Current Principal Place of Business:**

935 BAREFOOT BLVD  
BLDG 1, SUITES 4 & 5  
BAREFOOT BAY, FL 32976

**Current Mailing Address:**

4295 N. US HWY 1  
SUITE 2  
MELBOURNE, FL 32935 US

**FEI Number:** 45-3026566

**Certificate of Status Desired:** No

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

LAIL, JASON  
935 BAREFOOT BLVD  
BLDG 1, SUITES 4 & 5  
BAREFOOT BAY, FL 32976 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:** JASON LAIL

01/25/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LAIL, JASON  
Address 4419 COQUINA RIDGE DR  
City-State-Zip: PALM SHORES FL 32935

Title SD  
Name LAIL, BARBARA  
Address 4419 COQUINA RIDGE DR  
City-State-Zip: PALM SHORES FL 32935

Title TD  
Name TERRY, MICHAEL  
Address 4419 COQUINA RIDGE DR  
City-State-Zip: PALM SHORES FL 32935

Title BOARD MEMBER  
Name WILSON, MILTON  
Address 4295 N. US HWY 1  
BUILDING 2  
City-State-Zip: MELBOURNE FL 32935

*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:** JASON LAIL

PD

01/25/2017

Electronic Signature of Signing Officer/Director Detail

Date