

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010817

**Entity Name:** GRACE HEALTHCARE SERVICES CORP

**Current Principal Place of Business:**

2611 NW 37TH TERRACE  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2611 NW 37TH TERRACE  
GAINESVILLE, FL 32605 US

**FEI Number: 81-4300044**

**Certificate of Status Desired: No**

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

ROHLWING, HARVEY G JR.  
2611 NW 37TH TERRACE  
GAINESVILLE, FL 32605 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 PD  
Name ROHLWING, HARVEY G JR.  
Address 2611 NW 37TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title STD  
Name ROGERS, TIMOTHY M  
Address 2628 NW 162ND STREET  
City-State-Zip: NEWBERRY FL 32669

Title VPD  
Name VOGEL ANDERSON, KATHERINE  
Address 1225 CENTER DRIVE, HPNP  
BUILDING, #3313  
City-State-Zip: GAINESVILLE FL 32610

Title D  
Name BROWN, EDWIN M  
Address 505 SW 117 STREET  
City-State-Zip: GAINESVILLE FL 32607

Title D  
Name HARRELL, JONATHAN GRANT  
Address 25827 SE HWY 19  
City-State-Zip: OLD TOWN FL 32680

*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: HARVEY G ROHLWING JR**

**PD**

**01/11/2021**

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

\_\_\_\_\_  
Date