

2022 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:

DAVIS, LORRY
5200 NW 43RD ST
SUITE 102-321
GAINESVILLE, FL 32606 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: LORRY DAVIS

02/10/2022

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

Title DIRECTOR
Name DECARMINE, JON
Address 3055 NE 28TH DR
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR
Name HEARD, RUPERT
Address 2611 NW 37TH TERRACE
City-State-Zip: GAINESVILLE FL 32605

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

PRESIDENT

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date