## 2017 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: Yes

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 Title STD

NameROHLWING, HARVEY G JR.NameROGERS, TIMOTHY MAddress2611 NW 37TH TERRACEAddress2628 NW 162ND STREETCity-State-Zip:GAINESVILLE FL 32605City-State-Zip:NEWBERRY FL 32669

Title VPD

Name VOGEL ANDERSON, KATHERINE

Address 1225 CENTER DRIVE, HPNP

BUILDING, #3313

City-State-Zip: GAINESVILLE FL 32610

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

PD

01/09/2017

FILED Jan 09, 2017

**Secretary of State** 

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