

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19919

**Entity Name:** PRIVATE CARE ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

6640 S US HWY 1  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

6640 S US HWY 1  
PORT ST LUCIE, FL 34952 US

**FEI Number:** 63-0774917

**Certificate of Status Desired:** No

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

WALTER, GRACE  
6640 S US HWY 1  
PORT ST LUCIE, FL 34952 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:** GRACE WALTER

03/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DAHAN, LORI  
Address 5300 W. ATLANTIC AVE.  
SUITE 102  
City-State-Zip: DELRAY BEACH FL 33484

Title SECRETARY  
Name CONRAD, KIMBERLY  
Address 1134A FIRST STREET SOUTH  
STE A  
City-State-Zip: WINTER HAVEN FL 33880

Title TREASURER  
Name BATHER, DORIS  
Address 6640 S US HWY 1  
City-State-Zip: PORT ST LUCIE FL 34952

Title PRESIDENT  
Name WALTER, GRACE  
Address 6640 S US HWY 1,  
City-State-Zip: PORT ST LUCIE FL 34952

*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:** GRACE WALTER

PRESIDENT

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date