

**2015 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:**BEALE, DAVID A  
55 SE 2ND AVENUE  
SUITE 301  
DELRAY BEACH, FL 33444 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: DAVID A. BEALE****01/23/2015**

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	TREASURER
Name	SCHWARTZ, HOWARD
Address	4800 N STATE ROAD 7
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	SECRETARY
Name	CONRAD, KIMBERLY
Address	1134A FIRST STREET SOUTH STE A
City-State-Zip:	WINTER HAVEN FL 33880
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****01/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date