2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000005253

Entity Name: MARCO DEMENTIA RESPITE MDR, INC.

Current Principal Place of Business:

664 WATERSIDE DR. MARCO ISLAND, FL 34145

Current Mailing Address:

P.O. BOX 813

MARCO ISLAND. FL 34146 US

FEI Number: 92-1678816 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TENNEY LAW PLLC 1770 SAN MARCO RD SUITE 201 MARCO ISLAND, FL 34145 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:

Name

Address

Electronic Signature of Registered Agent

Date

FILED Apr 06, 2024

Secretary of State

9949502397CC

Officer/Director Detail:

Title PRESIDENT, BOARD CHAIRMAN

CEOIDEIVI, DOTACD OF ITALKIITA

ROSE, TIM

P.O. BOX 813

City-State-Zip: MARCO ISLAND FL 34146

Title DIRECTOR

Name FARRELL, BYRON

Address P.O. BOX 813

City-State-Zip: MARCO ISLAND FL 34146

Title DIRECTOR

Name NUSSBAUM, PAUL

Address P.O. BOX 813

City-State-Zip: MARCO ISLAND FL 34146

Title DIRECTOR

Name ROSE, DENISE

Address P.O. BOX 813

City-State-Zip: MARCO ISLAND FL 34146

Title DIRECTOR

Name LEVISON, CAROLEE

Address P.O. BOX 813

City-State-Zip: MARCO ISLAND FL 34146

Title DIRECTOR

Name RICHARDS, ALLYSON

Address P.O. BOX 813

City-State-Zip: MARCO ISLAND FL 34146

Title TREASURER

Name BLACKWELL, KAREN

Address P.O. BOX 813

City-State-Zip: MARCO ISLAND FL 34146

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: TIMOTHY ROSE

PRESIDENT, BOARD CHAIRMAN 04/06/2024