

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000043256

Entity Name: BIRD LAKES FACILITY CARE, INC.

Current Principal Place of Business:

14279 SW 52 ST
MIAMI, FL 33175

Current Mailing Address:

5211 SW 143 AVENUE
MIAMI, FL 33175

FEI Number: 65-0667151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, JACINTO
5211 SW 143 AVENUE
MIAMI, FL 33175 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 P
Name GONZALEZ, JACINTO
Address 5211 SW 143 AVENUE
City-State-Zip: MIAMI FL 33175

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACINTO J. GONZALEZ

PRESIDENT

04/18/2013

Electronic Signature of Signing Officer/Director Detail

Date