

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108280

Entity Name: WOODLANDS CARE CENTER OF CITRUS COUNTY, INC.

Current Principal Place of Business:

480 FENTRESS BOULEVARD
SUITE H
DAYTONA BEACH, FL 32114

Current Mailing Address:

480 FENTRESS BOULEVARD
SUITE H
DAYTONA BEACH, FL 32114 US

FEI Number: 59-3613650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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/D
Name ESFORMES, MORRIS
Address 6865 N. LINCOLN AVE
City-State-Zip: LINCOLNWOOD IL 60712

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: MORRIS ESFORMES

PD

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date