

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000108280

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

**Current Principal Place of Business:**

124 W NORVELL BRYANT HWY  
HERNANDO, FL 34442

**Current Mailing Address:**

124 W NORVELL BRYANT HWY  
HERNANDO, FL 34442

**FEI Number:** 59-3613650

**Certificate of Status Desired:** No

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

INCORP SERVICES  
17888 67TH COURT NORTH  
LAXOHATCHEE, 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

03/20/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date