

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744732

FILED
Jul 06, 2010
Secretary of State

Entity Name: PENSACOLA CARE, INCORPORATED

Current Principal Place of Business:

2115 W. NINE MILE ROAD
SUITE 2
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

2115 W. NINE MILE ROAD
SUITE 2
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-1858912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, FLETCHER
226 S PALAFOX ST 7TH FLOOR
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DST
Name: ARMSTRONG, W.R.
Address: 11103 LITTLE CREEK LANE
City-St-Zip: PENSACOLA, FL

Title: D
Name: WERRE, ELIZABETH M
Address: 4316 WHITELEAF COURT
City-St-Zip: PENSACOLA, FL

Title: VPD
Name: HURST, MARY J
Address: 13703 COUNTY RD., 93 NORTH
City-St-Zip: LILLIAN, AL 36549

Title: PD
Name: VARNER, PATRICIA N.
Address: 4609 ASHLAND WAY
City-St-Zip: PANAMA CITY, FL 32404

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: W.R. ARMSTRONG

DST

07/06/2010

Electronic Signature of Signing Officer or Director

Date