

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 27, 2011
Secretary of State

DOCUMENT# 746744

Entity Name: CENTERS RESI-SERV, INC.**Current Principal Place of Business:**11115 N. NEBRASKA AVE.
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**11115 N. NEBRASKA AVE.
TAMPA, FL 33612**New Mailing Address:****FEI Number:** 59-1906179**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STONE, HARRIET
115 PHILLIPS DRIVE
SEFFNER, FL 33584 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: D
Name: ITALIANO, JANE
Address: 409 PALOMA PLACE
City-St-Zip: TAMPA, FL 336798383 US

Title: D
Name: SCOTT, RHON JR.
Address: 19095 SO. TAYLOR RD.
City-St-Zip: SEFFNER, FL 33584

Title: D
Name: ARNOLD, LYNWOOD F
Address: 2701 ROCKY POINT DR
City-St-Zip: TAMPA, FL 33607

Title: P
Name: STONE, HARRIET
Address: 115 PHILLIPS DR.
City-St-Zip: SEFFNER, FL 33584

Title: ST
Name: LOWE, RITA
Address: 2403 S. ARDSON PL.
City-St-Zip: TAMPA, FL 33629

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: HARRIET STONE

PRES

05/27/2011

Electronic Signature of Signing Officer or Director

Date