2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# 753542

Entity Name: LAKE WALES CARE CENTER, INC.

Current Principal Place of Business:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

140 E PARK AVE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 59-2015847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

QUAM, ROBERT
140 E. PARK AVE
LAKE WALES, FL 33853 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: PD
Name: BOYTE, BO MR.
Address: 3463 HURLBUTT CR
City-St-Zip: LAKE WALES, FL 33898 US

Title: TD
Name: DRAYER, NICK MR.
Address: 4111 ABERDEEN LANE
City-St-Zip: LAKE WALES, FL 33859

Title: VD
Name: HARDMAN, REID MR.
Address: 1065 SUNSET DR.
City-St-Zip: LAKE WALES, FL 33853

Title: VD
Name: KIMBROUGH, LINDA MS.
Address: 24 W. ORANGE AVE
City-St-Zip: LAKE WALES, FL 33853

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: TIM MCLEOD CFO 02/15/2011
Electronic Signature of Signing Officer or Director Date