

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42052

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: SORRELLS GROVE CARE, INC.

## Current Principal Place of Business:

1192 NE LIVINGSTON ST  
ARCADIA, FL 34266

## New Principal Place of Business:

## Current Mailing Address:

LIVINGSTON LOOP RD  
P. O. BOX 551  
ARCADIA, FL 342650551

## New Mailing Address:

P O BOX 551  
ARCADIA, FL 34265

FEI Number: 59-2115690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SORIA, G CRAIG, ESQ  
2201 RINGLING BLVD  
STE 103  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

SORIA, G. CRAIG  
2201 RINGLING BLVD  
SUITE 103  
SARASOTA, FL 34237 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: G. CRAIG SORIA

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SORRELLS, BETSY  
Address: 6923 NW STATE 661  
City-St-Zip: ARCADIA, FL

Title: ST ( ) Delete  
Name: SORIA, CRAIG,  
Address: 4375 BRANDYWINE DRIVE  
City-St-Zip: SARASOTA, FL 342541

Title: P ( ) Delete  
Name: SORRELLS, STEVEN,  
Address: 6923 NW STATE 661  
City-St-Zip: ARCADIA, FL

Title: V ( ) Delete  
Name: SORIA, LE DANE,  
Address: 4375 BRANDYWINE DR  
City-St-Zip: SARASOTA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SORRELLS, BETSY  
Address: 6923 NW STATE 661  
City-St-Zip: ARCADIA, FL 34266

Title: ST (X) Change ( ) Addition  
Name: SORIA, G. CRAIG  
Address: 4375 BRANDYWINE DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: P (X) Change ( ) Addition  
Name: SORRELLS, STEVE  
Address: 6923 NW STATE 661  
City-St-Zip: ARCADIA, FL 34266

Title: V (X) Change ( ) Addition  
Name: SORIA, LEDANE  
Address: 4375 BRANDYWINE DR  
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVE SORRELLS

P

02/18/2009

Electronic Signature of Signing Officer or Director

Date