

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42052

FILED
Jan 24, 2011
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:

1192 NE LIVINGSTON ST
ARCADIA, FL 34266 US

Current Mailing Address:

P O BOX 551
ARCADIA, FL 34265

New Mailing Address:

P O BOX 551
ARCADIA, FL 34265 US

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
2201 RINGLING BLVD
SUITE 103
SARASOTA, FL 34237 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: P
Name: SORRELLS, STEVE
Address: 6923 NW STATE 661
City-St-Zip: ARCADIA, FL 34266 US

Title: V
Name: SORIA, LEDANE
Address: 1716 BAYSHORE ROAD
City-St-Zip: NOKOMIS, FL 34275 US

Title: ST
Name: SORIA, G.CRAIG
Address: 1716 BAYSHORE ROAD
City-St-Zip: NOKOMIS, FL 34275 US

Title: D
Name: SORRELLS, BETSY
Address: 6923 NW STATE 661
City-St-Zip: ARCADIA, FL 34266 US

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: STEVE SORRELLS

P

01/24/2011

Electronic Signature of Signing Officer or Director

Date