

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42052

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** SORRELLS GROVE CARE, INC.

**Current Principal Place of Business:**

1192 NE LIVINGSTON ST  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 551  
ARCADIA, FL 34265 US

**New Mailing Address:**

**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

01/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date