2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005009

FILED Jan 04, 2012 Secretary of State

Entity Name: MULTICARE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

30620 19TH ST

BIG PINE KEY, FL 330430177

Current Mailing Address: New Mailing Address:

PO BOX 430177

BIG PINE KEY, FL 330430177

FEI Number: 52-1672861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KRETSCHMAR, JUANITA 30620 19TH ST

BIG PINE KEY, FL 33043 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: KRETSCHMAR, JUANITA

Address: 30620 19TH ST.

City-St-Zip: BIG PINE KEY, FL 330430177 US

Title: VTSD

Name: HALLERON, JUDITH Address: P.O BOX 430177

City-St-Zip: BIG PINE KEY, FL 330430177

Title: D

Name: SMITH, RICHARD Address: P O BOX 15

City-St-Zip: MALO, WA 99150 US

Title: [

Name: WHITE, STEVE

Address: 13096 SWAN LAKE RD CR 468

City-St-Zip: TYLER, TX 75704

Title:

 Name:
 PAULSON-LAUDA, MARY

 Address:
 8330 CASON RD APT 107

 City-St-Zip:
 GLADSTONE, OR 75704

Title: D

Name: PRESTOL, JUAN

Address: 7302 NEAR THICKET WAY
City-St-Zip: LAUREL, MD 20707 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUDITH HALLERON VTSD 01/04/2012