

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002962

FILED
Apr 23, 2007
Secretary of State

Entity Name: GERI-CARE ASSISTED LIVING & REHABILITATIVE CENTER, INC.

Current Principal Place of Business:

190 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456

New Principal Place of Business:

180 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456

Current Mailing Address:

INTEGRAS
3015 JEFFERSON ST. STE. C.
MARIANNA, FL 32446

New Mailing Address:

INTEGRAS
2917 B OPTIMIST DRIVE
MARIANNA, FL 32448

FEI Number: 63-1192532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WILLIAM C III
190 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

WILLIAMS, WILLIAM C III
180 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456 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: WILLIAM C. WILLIAMS III

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, WILLIAM C III
Address: 190 LIGHTKEEPERS DR.
City-St-Zip: PORT ST. JOE, FL 32456

Title: ST () Delete
Name: CHAUNCEY, BELSER
Address: 1428 STATE PARK RD.
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, WILLIAM C III
Address: 180 LIGHTKEEPERS DR.
City-St-Zip: PORT ST. JOE, FL 32456

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM C. WILLIAMS III

CEO

04/23/2007

Electronic Signature of Signing Officer or Director

Date