

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002962

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

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

180 LIGHTKEEPERS DR.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

INTEGRAS  
17352 MAIN STREET NORTH  
BLOUNTSOTWN, FL 32424

**New Mailing Address:**

INTEGRAS  
17352 MAIN STREET NORTH  
BLOUNTSSTOWN, FL 32424

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  
180 LIGHTKEEPERS DR.  
PORT ST. JOE, FL 32456 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: WILLIAMS, WILLIAM C III  
Address: 180 LIGHTKEEPERS DR.  
City-St-Zip: PORT ST. JOE, FL 32456

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

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: WILLIAM WILLIAMS

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date