2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# F98000002962

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

Current Principal Place of Business:

180 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456

New Principal Place of Business:

180 LIGHTKEEPERS DR.
PORT ST. JOE, FL 32456 UN

Current Mailing Address:

INTEGRAS
17352 MAIN STREET NORTH
BLOUNTSTOWN, FL 32424

New Mailing Address:

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: CHAUNCEY BELSER D 04/27/2012

Electronic Signature of Signing Officer or Director Date