

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98876

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** HARTLEY HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

5791 49TH ST N  
ST PETERSBURG, FL 33709 21

**New Principal Place of Business:**

**Current Mailing Address:**

5971 49TH ST N  
ST PETERSBURG, FL 33709 21

**New Mailing Address:**

**FEI Number:** 59-2218964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HARTLEY, DIANE KURTZ  
5791 49TH ST N  
ST PETERSBURG, FL 33709 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: PD  
Name: HARTLEY, DIANE K.  
Address: 413 MONTE CRISTO BLVD.  
City-St-Zip: TIERRA VERDE, FL

Title: STD  
Name: HARTLEY, STEPHEN G.  
Address: 413 MONTE CRISTO BLVD.  
City-St-Zip: TIERRA VERDE, FL

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: STEPHEN G HARTLEY

STD

03/14/2011

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

\_\_\_\_\_  
Date