

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04870

FILED
Feb 18, 2011
Secretary of State

Entity Name: ADULT FAMILY HOME CARE, INC.

Current Principal Place of Business:

2052-54 SYRACRUSE CT.
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

2052-54 SYRACRUSE CT.
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 59-2863915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIDLAW, BERNICE
2052-2054 SYRACUSE CT., N.E.
PALM BAY, FL 32905 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: FERGUSON, PATRICIA
Address: 2052-54 SYRACUSE CT
City-St-Zip: PALM BAY, FL 32905

Title: VP
Name: LAIDLAW, BERNICE
Address: 2052-54 SYRACUSE CT
City-St-Zip: PALM BAY, FL 32905

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: DOMENIC H. CALICCHIA

ACCT

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date