

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04870

FILED  
Jan 13, 2012  
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: BERNICE LAIDLAW

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01/13/2012

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

\_\_\_\_\_ Date