

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007798

FILED
Feb 17, 2011
Secretary of State

Entity Name: DOUGLAS GARDENS HOME CARE, INC.

Current Principal Place of Business:

5200 NE 2 AVE
MIAMI, FL 331372706

New Principal Place of Business:

5200 NE 2ND AVENUE
MIAMI, FL 33137 US

Current Mailing Address:

5200 NE 2 AVE
MIAMI, FL 331372706

New Mailing Address:

5200 NE 2ND AVENUE
MIAMI, FL 33137 US

FEI Number: 65-1151478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CYPEN, STEPHEN H
777 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140 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: BECK, HAROLD
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137 US

Title: VPD
Name: BRADY, DANIEL T
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137 US

Title: D
Name: DESMARTEAU, LISA JO
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137 US

Title: D
Name: FUNK, MORRIS
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OLGA LEWARS

AM

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date