

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007798

FILED
Mar 06, 2012
Secretary of State

Entity Name: DOUGLAS GARDENS HOME CARE, INC.

Current Principal Place of Business:

5200 NE 2ND AVENUE
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

5200 NE 2ND AVENUE
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 65-1151478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LETTMAN, MARILYN
5200 NE 2 AVENUE
MIAMI BEACH, FL 33137 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: C
Name: POST, BARRY
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137 US

Title: D&T
Name: DESMARTEAU, LISA J
Address: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

Title: D&S
Name: LETTMAN, MARILYN
Address: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

Title: P
Name: BAUER, CLIFFORD
Address: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

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

Title: D
Name: TREGLIA, ANTHONY
Address: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

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: MARILYN LETTMAN

D&S

03/06/2012

Electronic Signature of Signing Officer or Director

Date