

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008641

FILED
Jan 20, 2012
Secretary of State

Entity Name: THE GUARDIANSHIP CARE GROUP, INC.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 331345234 US

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 331345234 US

New Mailing Address:

FEI Number: 30-0043299 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REISER, BARBARA
2199 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES, FL 331345234 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: D
Name: GOLDBERG, CHARLOTTE
Address: 8111 SW 82 PLACE
City-St-Zip: MIAMI, FL 33143

Title: D
Name: MACFARLANE, MARCIA
Address: 846 NW 81ST AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: REISER, BARBARA
Address: 2199 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 331345234

Title: D
Name: FINE, CAROL
Address: 1111 VENETIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: FOX, HARRIETTE
Address: 2625 S.W. 3RD AVE.
City-St-Zip: MIAMI, FL 33129

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: BARBARA A. REISER

D

01/20/2012

Electronic Signature of Signing Officer or Director

_____ Date