

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000152

FILED
Mar 27, 2012
Secretary of State

Entity Name: AGING SOLUTIONS, INC.

Current Principal Place of Business:

312 W LUTZ LAKE FERN ROAD
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 342065
TAMPA, FL 33694

New Mailing Address:

FEI Number: 04-3587900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: CRIBBEN, TAMARA
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D
Name: ESPOSITO, LISA ESQ.
Address: PO BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: DVP
Name: ZABINSKI, MARGARET ESQ.
Address: P. O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D
Name: MCDONALD, RONALD
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: D
Name: MURMAN, SANDRA SR
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

Title: STD
Name: WILLIAMS, EARNEST
Address: P.O. BOX 342065
City-St-Zip: TAMPA, FL 33694

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: TAMARA CRIBBEN

PD

03/27/2012

Electronic Signature of Signing Officer or Director

Date