2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 28, 2012
Secretary of State

DOCUMENT# N03000006205

Entity Name: THE LATMA OUTREACH & REHABILITATION CENTER, INC.

Current Principal Place of Business:

491 SW CAPTAIN BROWN RD
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

491 SW CAPTAIN BROWN RD
MADISON, FL 32340

New Mailing Address:

FEI Number: 35-2211143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPENCER, EMILY
491 SW CAPTAIN BROWN RD
MADISON, FL 32340 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: SPENCER, CARL E
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: V
Name: SPENCER, EMILY
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: T
Name: MOORE, CARLISHA
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: S
Name: HART, EMMA
Address: 491 SW CAPTAIN BROWN RD
City-St-Zip: MADISON, FL 32340

Title: C
Name: OLLIFF, NATHANIEL
Address: 491 SW CAPTAIN BROWN ROAD
City-St-Zip: MADISON, FL 32340

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: EMILY SPENCER VP 09/28/2012

Electronic Signature of Signing Officer or Director — Date