

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006660

FILED
Apr 27, 2011
Secretary of State

Entity Name: PEOPLE CARE CENTER, INC.

Current Principal Place of Business:

595 N TROPIC LN UNIT C
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 7227
VERO BEACH, FL 32961 US

New Mailing Address:

PO BOX 650505
VERO BEACH, FL 32965 US

FEI Number: 16-1668626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, LOURDES M
595 N TROPIC LN UNIT C
VERO BEACH, FL 32960 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: SOTO, LOURDES M
Address: 595 N TROPIC LN UNIT C
City-St-Zip: VERO BEACH, FL 32960 US

Title: VP
Name: KEENEY, YVONNE
Address: 1100 PONCE DE LEON CIR APT N-108
City-St-Zip: VERO BEACH, FL 32960 US

Title: ST
Name: LOMBARDI, ANNETTE
Address: 595 N. TROPIC LN UNIT C
City-St-Zip: VERO BEACH, FL 32960 US

Title: DIR
Name: PEREZ, LYDIA
Address: 315 20TH AVE
City-St-Zip: VERO BEACH, FL 32960 US

Title: DIR
Name: BURRELL, KARYN
Address: 990 SOUTH LAKES WAY SW
City-St-Zip: VERO BEACH, FL 32968 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: LOURDES M SOTO

PD

04/27/2011

Electronic Signature of Signing Officer or Director

Date