

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000672

FILED
Apr 09, 2009
Secretary of State

Entity Name: GRACE MEDICAL HOME, INC.

Current Principal Place of Business:

1111 BRYN MAWR ST.
ORLANDO, FL 32804

New Principal Place of Business:

51 PENNSYLVANIA STREET
ORLANDO, FL 32806

Current Mailing Address:

1111 BRYN MAWR ST.
ORLANDO, FL 32804

New Mailing Address:

51 PENNSYLVANIA STREET
ORLANDO, FL 32806

FEI Number: 26-1817966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLA.,INC
390 N. ORANGE AVE., SUITE 1400
ORLANDO, FL 32801 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 () Delete
Name: CARPENTER, RITSY
Address: 825 SEVILLE PL.
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: FLETCHER, RICK
Address: 1200 BELLELAIRE CIR.
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: HARDY, MARVIN
Address: 1111 BRYN MAWR ST.
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: KING, MARILYN
Address: 358 VIRGINIA DR.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MIDDLETON, MICHAEL
Address: 1215 BELLELAIRE CIR.
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: MORGAN, DIANNA
Address: 8284 TIBET BUTLER DR.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARVIN HARDY

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date