

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 14, 2011
Secretary of State

DOCUMENT# N09000010541

Entity Name: NONNAS ADULT DAY CARE FACILITY INC.**Current Principal Place of Business:**8870 S.W. 40TH ST., STE 5
MIAMI, FL 33165**New Principal Place of Business:****Current Mailing Address:**8870 S.W. 40TH ST., STE 5
MIAMI, FL 33165**New Mailing Address:****FEI Number:** 27-1222328**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SUAREZ, ROSA M
8840 SW 40 STREET
MIAMI, FL 33185 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: SUAREZ, ROSA M
Address: 8840 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: VP
Name: DIAZ, LIOSDAN
Address: 8840 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

Title: T
Name: HERNANDEZ, CELESTE
Address: 8840 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

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: ROSA M. SUAREZ

PRES

06/14/2011

Electronic Signature of Signing Officer or Director

Date