

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002665

FILED
Mar 06, 2012
Secretary of State

Entity Name: WRIGHT CARE CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

912 NW LEONARDO CIRCLE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

912 NW LEONARDO CIRCLE
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 27-3441529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, CHARLES G
912 NW LEONARDO CIRCLE
PORT ST LUCIE, FL 34986 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: WRIGHT, GEORGE
Address: 912 NW LEONARDO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S
Name: WRIGHT, NIKKOLAS
Address: 912 NW LEONARDO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: CEO
Name: WRIGHT, NIKKOLE
Address: 912 NW LEONARDO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T
Name: ALLEN, CHARLES
Address: 912 NW LEONARDO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

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: GEORGE J. WRIGHT

P

03/06/2012

Electronic Signature of Signing Officer or Director

Date