

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004285

FILED
Apr 27, 2011
Secretary of State

Entity Name: PORTER'S ADULT CARE II, INC.

Current Principal Place of Business:

700 DAY AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

700 DAY AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 27-2173938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTER, LASHANA
8770 HUNTING WOODS SOUTH CIRCLE
JACKSONVILLE, FL 32244 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
Name: PORTER, LASHANA
Address: 8770 HUNTINGTON WOODS SOUTH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: FAULK, SHANNON
Address: 12450 BISCAYNE BLVD #101
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: FAULK, SHAURICE
Address: 325 WEST 267TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D
Name: HAGAN, ANTONIO
Address: 8540 HOWELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

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: LA SHANA PORTER

D

04/27/2011

Electronic Signature of Signing Officer or Director

Date