

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004813

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** GRACIOUS CARE RECOVERY, INC.

**Current Principal Place of Business:**

2111 NE 40TH COURT  
7  
LIGHTHOUSE POINT, FL 33064 US

**Current Mailing Address:**

2111 NE 40TH COURT  
7  
LIGHTHOUSE POINT, FL 33064 US

FEI Number: 27-2591456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

2111 NE 40TH COURT  
1  
LIGHTHOUSE POINT, FL 33064 US

**New Mailing Address:**

2111 NE 40TH COURT  
1  
LIGHTHOUSE POINT, FL 33064 US

**Name and Address of Current Registered Agent:**

WAY, MARIA L  
2111 NE 40TH COURT  
7  
LIGHTHOUSE POINT, FL 33064 US

**Name and Address of New Registered Agent:**

WAY, MARIA L  
2111 NE 40TH COURT  
1  
LIGHTHOUSE POINT, FL 33064 US

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: MARIA L WAY

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WAY, MARIA L  
Address: 2111 NE 40TH COURT, UNIT 1  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: VP  
Name: VILLAVICENCIO, DANIELLE R  
Address: 1537 NE 30TH CT  
City-St-Zip: POMPANO, FL 33064 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: MARIA L WAY

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date