

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009842

FILED  
Jul 06, 2011  
Secretary of State

**Entity Name:** LIGHT OF LIFE MULTICARE CENTER, INC.

**Current Principal Place of Business:**

18020 THORNHILL GRAND CIRCLE  
ORLANDO, FL 32820

**New Principal Place of Business:**

1801 SANDY CREEK LN., STE 102  
ORLANDO, FL 32826

**Current Mailing Address:**

18020 THORNHILL GRAND CIRCLE  
ORLANDO, FL 32820

**New Mailing Address:**

1801 SANDY CREEK LN., STE 102  
ORLANDO, FL 32826

**FEI Number:** 27-3752167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAMOS, GISELA A  
18020 THORNHILL GRAND CIRCLE  
ORLANDO, FL 32820 US

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

RAMOS, GISELA C  
1801 SANDY CREEK LN., STE 102  
ORLANDO, FL 32826 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: GISELA RAMOS

07/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PCT  
Name: RAMOS, GISELA  
Address: 1801 SANDY CREEK LN., STE 102  
City-St-Zip: ORLANDO, FL 32826

Title: VT  
Name: RAMOS, EDGARDO F  
Address: 1801 SANDY CREEK LN., STE 102  
City-St-Zip: ORLANDO, FL 32826

Title: TS  
Name: RAMOS, INGRID G  
Address: 1801 SANDY CREEK LN., STE 102  
City-St-Zip: ORLANDO, FL 32826

Title: S  
Name: ALMESTICA, ROMAN  
Address: 1801 SANDY CREEK LN., STE 102  
City-St-Zip: ORLANDO, FL 32826

Title: S  
Name: ALMESTICA, GENER  
Address: 1801 SANDY CREEK LN., STE 102  
City-St-Zip: ORLANDO, FL 32826

Title: T  
Name: ZAMORA, AUXILIADORA  
Address: 1801 SANDY CREEK LN., STE 102  
City-St-Zip: ORLANDO, FL 32826

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: GISELA RAMOS

PCT

07/06/2011

Electronic Signature of Signing Officer or Director

Date