# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 01, 2012**
**Secretary of State**

DOCUMENT# N11000000374

**Entity Name:** DIVE CARE, INC.

**Current Principal Place of Business:**

4800 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

4800 5TH AVENUE NORTH
ST PETERSBURG, FL 33713

**New Mailing Address:**

**FEI Number: 61-1638538** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HARDMAN, WILLIAM W
4800 5TH AVENUE NORTH
ST PETERSBURG, FL 33713 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: PD
Name: HARDMAN, WILLIAM W
Address: 4800 5TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: TD
Name: KARIKAS, DEAN
Address: 1420 SEAGULL DR S
City-St-Zip: S PASADENA, FL 33707

Title: VPD
Name: HARDMAN, MORGAN N
Address: 4800 5TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

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: WILLIAM HARDMAN P 02/01/2012

Electronic Signature of Signing Officer or Director — Date