

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003067

FILED
Apr 30, 2012
Secretary of State

Entity Name: CENTER CARE INC

Current Principal Place of Business:

2013 SOUTH KIRKMAN
APT 71
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

2013 SOUTH KIRKMAN
APT 71
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 45-1154462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELONY, MARIE A
2013 SOUTH KIRKMAN ROAD
APT # 71
ORLANDO, FL 32811 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: CELONY, MARIE A
Address: 2013 SOUTH KIRKMAN ROAD APT # 71
City-St-Zip: ORLANDO, FL 32811 US

Title: VP
Name: CELONY, EMANEZ D
Address: 3806 MOUNT CARMEL LANE
City-St-Zip: MELBOURNE, FL 32901 US

Title: T
Name: SMITH, THOMAS
Address: 2013 SOUTH KIRKMAN ROAD
City-St-Zip: ORLANDO, FL 32811 US

Title: S
Name: PIERRE, ANNE MARIE
Address: 747 16TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: DIRE
Name: MERILUS, HERAUDE
Address: 2450 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610 US

Title: O
Name: VINCENT, VERONIQUE
Address: 747 16TH STREET
City-St-Zip: WINTER HAVEN, FL 33880 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: MARIE CELONY

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date