

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006045

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** CONVALESCE INSTITUTE CORPORATION

**Current Principal Place of Business:**

2750 NW 56 AVE  
306  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

3621 NW 9ST  
LAUDERHILL, FL 33311

**Current Mailing Address:**

2750 NW 56 AVE  
306  
LAUDERHILL, FL 33313

**New Mailing Address:**

3621 NW 9ST  
LAUDERHILL, FL 33311

**FEI Number:** 45-2811258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATHIS, PHYLLIS R  
809 NE 23 DRIVE  
4  
WILTON MANOR, FL 33305 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: STRIGGLES, SHAVON J  
Address: 3621 NW 9ST  
City-St-Zip: LAUDERHILL, FL 33311

Title: VP  
Name: JAMES, FALLACARO  
Address: 4120 N 42 TERRACE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S  
Name: MANIGAT, WILSON  
Address: 4831 VIA PALM LAKES 1222  
City-St-Zip: WEST PALM BEACH, FL 33417

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: SHAVON STRIGGLES

P

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date