

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006187

FILED
Mar 21, 2012
Secretary of State

Entity Name: LATITUDE CARES, INC.

Current Principal Place of Business:

6022 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6022 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 45-2638057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORMAN, COLLEEN ESQUIRE
777 S. PALM AVENUE
SUITE 8
SARASOTA, FL 34236 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: GARSON, DESPOINA
Address: 8055 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: P
Name: BROWN, ANTONIA
Address: 1936 CAMELLIA OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP
Name: GARSON, DESPOINA
Address: 8055 WOODPECKER TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

Title: T
Name: BROWN, ANTONIA
Address: 1936 CAMELLIA OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32217

Title: S
Name: NORMAN, COLLEEN
Address: 777 S. PALM AVE., STE 8
City-St-Zip: SARASOTA, FL 34236

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: ANTONIA BROWN

P

03/21/2012

Electronic Signature of Signing Officer or Director

Date