

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007685

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** ELDERLY MOBILE OUTREACH CARE SERVICES CORP

**Current Principal Place of Business:**

9316 COLLINS AVE  
16  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

9316 COLLINS AVE  
16  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

SOLANO, JOEL  
9316 COLLINS AVE  
16  
SURFSIDE, FL 33154 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: SOLANO, JOEL  
Address: 9316 COLLINS AVE  
City-St-Zip: SURFSIDE, FL 33154

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: JOEL SOLANO

P

04/02/2012

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

\_\_\_\_\_  
Date