2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2012
Secretary of State

DOCUMENT# N11000008204

Entity Name: GRIMESCARE ASSISTED LIVING FACILITY INC.

Current Principal Place of Business:

7283 NOTTINGHAMSHIRE DRIVE
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

7283 NOTTINGHAMSHIRE DRIVE
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIMES, YOLANDA
7283 NOTTINGHAMSHIRE DRIVE
JACKSONVILLE, FL 32219 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: PTD
Name: GRIMES, YOLANDA
Address: 7283 NOTTINGHAMSHIRE DRIVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: VD
Name: JETER, JAZMINE
Address: 340 GWINNETT ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: D
Name: JACKSON, DELANO
Address: 8440 SOPHIST CIR W
City-St-Zip: JACKSONVILLE, FL 32219

Title: D
Name: CRAPPS, STEPHANIE P
Address: 1010 NEW MEXICO DRIVE
City-St-Zip: PENSACOLA, FL 32505

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: YOLANDA GRIMES PTD 02/19/2012

Electronic Signature of Signing Officer or Director — Date