

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008237

FILED  
May 31, 2012  
Secretary of State

**Entity Name:** MIZELL PALLIATIVE CARE CENTER, INC.

**Current Principal Place of Business:**

4801 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4801 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEANTY, GUY C  
55 SIMONTON CIRCLE  
WESTON, FL 33326 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: C  
Name: MIZELL, DEBORAH A  
Address: 6475 W. OAKLAND PARK BLVD #411  
City-St-Zip: LAUDERHILL, FL 33313

Title: T  
Name: TAYLOR JR., JOHNNY C  
Address: 15012 CROOKED BRANCH LANE  
City-St-Zip: CHARLOTTE, NC 28275

Title: VC  
Name: JEANTY, GUY C  
Address: 55 SIMONTON CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: T  
Name: RUFFIN JR., JOHN  
Address: 9650 N W42ND STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

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: DEBORAH MIZELL

CHAI

05/31/2012

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

\_\_\_\_\_  
Date