

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15548

FILED
Jan 16, 2012
Secretary of State

Entity Name: ALZHEIMER'S FAMILY CENTER, INC.

Current Principal Place of Business:

6280 W ATLANTIC BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6280 W ATLANTIC BLVD
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-2768189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, JEROME R.
800 W CYPRESS CREEK ROAD
SUITE 502
FT LAUDERDALE, FL 33309 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: PRES
Name: SOLOMON, PHILIP
Address: 3349 NO. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33024 US

Title: VP
Name: KEITH, SIMS
Address: 15222 SW 37TH STREET
City-St-Zip: DAVIE, FL 33331 US

Title: ST
Name: TODD, H. MURRAY DR
Address: 1841 NE 45TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VD
Name: TOOLEY, BECKY
Address: 4411 COCONUT CREEK BLVD
City-St-Zip: COCONUT CREEK, FL 33066

Title: D
Name: JAMIE, MARINO
Address: 1872 NW 109 AVENUE
City-St-Zip: PLANTATION, FL 33322 US

Title: DIRE
Name: KARNEY, JOYCE M
Address: 6280 WEST ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

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: JOYCE M. KARNEY

EXEC

01/16/2012

Electronic Signature of Signing Officer or Director

Date