## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19919

FILED Jan 26, 2011 Secretary of State

Entity Name: PRIVATE CARE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

335 BEARD STREET 1475 LAKE BALDWIN LANE

TALLAHASSEE, FL 32303 US SUITE A

ORLANDO,, FL 32814 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 14629 1475 LAKE BALDWIN LANE TALLAHASSEE, FL 32317 US SUITE A

ORLANDO,, FL 32814 US

FEI Number: 63-0774917 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SKROB, ROBERT

335 BEARD STREET

TALLAHASSEE, FL 32303 US

MARK, JAMES M JR.

1475 LAKE BALDWIN LANE
SUITE A
ORLANDO, FL 32814 US

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: JAMES M MARK JR. 01/26/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: MARK, JAMES M JR.

Address: 1475 LAKE BALDWIN LANE, SUITE A

City-St-Zip: ORLANDO, FL 32814

Title: VP

Name: SPECTOR, MARC T

Address: 1111 PARK CENTRE BLVD., #210 City-St-Zip: MIAMI GARDENS, FL 33169

Title: T

Name: ANDERSON, DONOVAN

Address: 2605 WEST ATLANTIC AVE, STE 101-103B

City-St-Zip: DELRAY BEACH, FL 33445

Title: S

Name: CONRAD, KIM

Address: 1134A FIRST STREET SOUTH, STE A

City-St-Zip: WINTER HAVEN, FL 33880

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: JAMES M MARK JR PRES 01/26/2011