

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20873

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** CARE DIVERSIFIED OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

35201 RADIO RD  
LEESBURG, FL 34788 US

**New Principal Place of Business:**

**Current Mailing Address:**

35201 RADIO RD  
LEESBURG, FL 34788 US

**New Mailing Address:**

**FEI Number:** 59-2808772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SWAIN, MARK A  
35201 RADIO RD  
LEESBURG, FL 34788 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: S  
Name: ALEXANDER, JOSEPH  
Address: 308 E. 5TH AVENUE  
City-St-Zip: MT. DORA, FL 32757

Title: CH  
Name: GOODSON, CHARLES W  
Address: PO BOX 416  
City-St-Zip: UMATILLA, FL 32784

Title: TR  
Name: BRODBECK, DEBORAH  
Address: 4432 ANTIETAM CREEK TRAIL  
City-St-Zip: LEESBURG, FL 34748

Title: PC  
Name: HENDRICK, CAROL  
Address: PO DRAWER 29  
City-St-Zip: UMATILLA, FL 32784

Title: CEO  
Name: SWAIN, MARK A  
Address: 35201 RADIO ROAD  
City-St-Zip: LEESBURG, FL 34788

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: MARK A. SWAIN

CEO

04/13/2012

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

\_\_\_\_\_  
Date