

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33687

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** WATCH CARE, INC.

**Current Principal Place of Business:**

100 WEST 1ST ST  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

100 WEST 1ST ST  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

**FEI Number:** 59-2913247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GLAVICH, JAMIE  
9664 HOOD ROAD  
JACKSONVILLE, FL 32257 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:** D  
**Name:** PERETZMAN, STEVE  
**Address:** 9539 WATERFORD RD.  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** PRES  
**Name:** GLAVICH, JAMIE  
**Address:** 9664 HOOD ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32257

**Title:** DIR  
**Name:** SMITH, GLORIA  
**Address:** 100 WEST FIRST STREET  
**City-St-Zip:** ATLANTIC BEACH, FL 32233

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:** JAMIE GLAVICH

PRES

04/22/2011

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

\_\_\_\_\_  
Date