

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41822

FILED
Feb 28, 2012
Secretary of State

Entity Name: ELDER CARE OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

5701 NW 34TH STREET
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

720 SW 2ND AVE,
360A
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3051104 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KOVAL, CHARLES B
720 SW 2ND AVENUE
360A
GAINESVILLE, FL 32601 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: WARD, HARVEY
Address: P.O. BOX 12941
City-St-Zip: GAINESVILLE, FL 32604 US

Title: CD
Name: KATZ, MICHAEL
Address: 2625 N MAIN STREET
City-St-Zip: GAINESVILLE, FL 32609 US

Title: SD
Name: CLARIZIO, ANTHONY
Address: 4026 NW 22ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: TD
Name: CARTER, DENNIS
Address: 1329 SW 16TH STREET/100336
City-St-Zip: GAINESVILLE, FL 32610 US

Title: D
Name: CHUMACK, DANIELLE
Address: 7207 SW 24TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: PAULK, ZACK
Address: 18815 NW 115TH AVE.
City-St-Zip: ALACHUA, FL 32615

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: ANTHONY CLARIZIO

S

02/28/2012

Electronic Signature of Signing Officer or Director

Date