

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001278

FILED
Feb 16, 2010
Secretary of State

Entity Name: ROME APARTMENTS, INC.

Current Principal Place of Business:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3367808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENTAL HEALTH CARE, INC.
5707 NORTH 22ND STREET
TAMPA, FL 33610 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: PD
Name: CHOATE, ROBERT COL
Address: 2866 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33611

Title: STD
Name: BALLAS, ED
Address: 12382 143RD ST
City-St-Zip: LARGO, FL 33774

Title: D
Name: RICE, JULIAN I
Address: 5707 N. 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: D
Name: GEOGHAGAN, BRENDA
Address: P.O. BOX 22287
City-St-Zip: TAMPA, FL 33622

Title: D
Name: BARRON, ELIZABETH
Address: 3325 BAYSHORE BL., SUITE F-34
City-St-Zip: TAMPA, FL 33629

Title: D
Name: MASSOLIO, JOHN
Address: 3403 FOREST BRIDGE CIR
City-St-Zip: BRANDON, FL 33511

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: JULIAN I. RICE

D

02/16/2010

Electronic Signature of Signing Officer or Director

Date