

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004049

FILED
Mar 17, 2011
Secretary of State

Entity Name: ALZHEIMER'S FAMILY SERVICES, INC.

Current Principal Place of Business:

1901 N. PALAFOX STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1901 N. PALAFOX STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3394242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNEE, DALE O
1901 N. PALAFOX STREET
PENSACOLA, FL 32501 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: DP
Name: GILMARTIN, RICHARD
Address: 2611 EDMUND DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: DVP
Name: BEAR, LEWIS III
Address: 4045 CONNELL DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: DS
Name: KING, CAREY
Address: 913 GULF BREEZE PKWY, SUITE 6
City-St-Zip: GULF BREEZE, FL 32561

Title: DT
Name: CHU, DON PHD
Address: 11000 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32514

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: DALE O. KNEE

DP

03/17/2011

Electronic Signature of Signing Officer or Director

Date