

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073764

FILED
Mar 31, 2011
Secretary of State

Entity Name: OPEN ARMS MED WAIVER PROVIDER, INC.

Current Principal Place of Business:

37640 QUAIL RIDGE CIR
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 595
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3708422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLISSIO, ANTONY
37640 QUAIL RODGE CIRCLE
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: D
Name: SCHLISSIO, ANTONY
Address: 37640 QUAIL RIDGE CIRCLE
City-St-Zip: LEESBURG, FL 34788

Title: D
Name: STONE, JOYCE
Address: 3335 THOMAS COVE DRIVE
City-St-Zip: GROVELAND, FL 34736

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTONY SCHLISSIO

MR.

03/31/2011

Electronic Signature of Signing Officer or Director

Date