

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000072364

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** BETHESDA SENIOR CARE, INC.

**Current Principal Place of Business:**

2800 FORDHAM RD NE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

2800 FORDHAM RD NE  
PALM BAY, FL 32905

**New Mailing Address:**

**FEI Number:** 02-0626530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCHALTER, NEIL J  
2395 NORTH COURTENAY PKWY  
201  
MERRITT ISLAND, FL 32953 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:** P  
**Name:** BUCK, NEIL  
**Address:** 2395 NORTH COURTENAY PKWY #201  
**City-St-Zip:** MERRITT ISLAND, FL 32934 US

**Title:** SEC  
**Name:** DIGIACOMO, ROBERT  
**Address:** 4358 DAVIDIA DRIVE  
**City-St-Zip:** MELBOURNE, FL 32934

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:** HEATHER PENCE

TRES

03/15/2011

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

\_\_\_\_\_  
Date