2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P02000090376

Entity Name: ALZHEIMER'S CARE RESOURCE CENTER, INC.

Current Principal Place of Business:

C/O ELDERCARE AT HOME, INC.
2328 10TH AVE N #601
LAKE WORTH, FL 33461

New Principal Place of Business:

ALZHEIMER'S CARE RESOURCE CENTER, INC.
2328 10TH AVE N #601
LAKE WORTH, FL 33461 UN

Current Mailing Address:

C/O ELDERCARE AT HOME, INC.
2328 10TH AVE N #601
LAKE WORTH, FL 33461

New Mailing Address:

ALZHEIMER'S CARE RESOURCE CENTER, INC.
2328 10TH AVE N #601
LAKE WORTH, FL 33461 UN

FEI Number: 16-1623709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORGIE, ELAYNE
2328 10TH AVE. N. #601
LAKE WORTH, FL 33461 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: FORGIE, ELAYNE
Address: 2328 10TH AVE. N. #101
City-St-Zip: LAKE WORTH, FL 33461 UN

Title: VP
Name: FORGIE, TERRENCE J JR
Address: 2328 10TH AVE N #601
City-St-Zip: LAKE WORTH, FL 33461 UN

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: /S/ELAYNE FORGIE PRES 04/27/2012

Electronic Signature of Signing Officer or Director Date