

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000092313

FILED
Aug 12, 2005
Secretary of State

Entity Name: RETIREMENT CORPORATION OF AMERICA - FLORIDA, INC.

Current Principal Place of Business:

2575 WESTSIDE PARKWAY STE 100
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

2575 WESTSIDE PARKWAY STE 100
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 01-0755139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGLER & DOUGHERTY PA
1501 PARK AVE EAST
TALLAHASSEE, FL 32301 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 () Delete
Name: CATES, DANE
Address: 2575 WESTSIDE PKWY STE 100
City-St-Zip: ALPHARETTA, GA 30004

Title: ST () Delete
Name: CATES, RONALD
Address: 2575 WESTSIDE PKWY STE 100
City-St-Zip: ALPHARETTA, GA 30004

Title: MGR () Delete
Name: CARR, JAMES D MANAGER
Address: 4502 SUNBEAM RD.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LEVY, ALEXANDRO G VP
Address: 4502 SUNBEAM RD.
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANE CATES

P

08/12/2005

Electronic Signature of Signing Officer or Director

Date