

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092313

FILED
Sep 03, 2008
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:

42 TIMOGA TRAIL
ST AUGUSTINE, FL 32084

Current Mailing Address:

2575 WESTSIDE PARKWAY STE 100
ALPHARETTA, GA 30004

New Mailing Address:

42 TIMOGA TRAIL
ST AUGUSTINE, FL 32084

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

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: VP () Delete
Name: LEVY, ALEXANDRO G VP
Address: 3560 CARDINAL POINT DRIVE STE.202
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CATES, DANE
Address: 42 TIMOGA TRAIL
City-St-Zip: ST AUGUSTINE, FL 32084

Title: ST (X) Change () Addition
Name: CATES, RONALD
Address: 42 TIMOGA TRAIL
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP (X) Change () Addition
Name: LEVY, ALEXANDRO G VP
Address: 42 TIMOGA TRAILS
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

09/03/2008

Electronic Signature of Signing Officer or Director

_____ Date