2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 08, 2008 8:00 am
Secretary of State
05-22-2008 90015 004 ***150.00

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1. Entity Name
GENTLE HEALTH CARE, INC

Principal Place of Business	Mailing Address
1416 OXFORD LANE BOYNTON BEACH, FL 33426	1416 OXFORD LANE BOYNTON BEACH, FL 33426

66015100

04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2179575
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN PORTER ACCOUNTING,INC
400 S FEDERAL HWY
SUITE 404
BOYNTON BEACH, FL 33435

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John Porter, R.A. 04/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACOBUCCI, MARIE
STREET ADDRESS	1416 OXFORD LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie E Jacobucci 7-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #