2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095091

Entity Name: GENTLE HEALTH CARE, INC

FILED Mar 09, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---------------------------------|------------------------------------|---|--|
| 1416 OXFORD LANE BOYNTON BEACH, FL 3 | 3426 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1416 OXFORD LANE BOYNTON BEACH, FL 3 | 3426 | | | |
| FEI Number: 35-2179575 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| GPS FINANCIAL SERVIC 1100 S FEDERAL HWY SUITE 3 BOYNTON BEACH, FL 3 | | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| | c Signature of Registered Age | ≏nt | Date | |

Title:

Name: JACOBUCCI, MARIE Address: 1416 OXFORD LANE

City-St-Zip: BOYNTON BEACH, FL 33426 US

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: MARIE JACOBUCCI P 03/09/2012