## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000090635

Entity Name: PERSON-CENTERED CARE, INC.

FILED Jun 30, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

634 MONROE HARBOR PL. 442 EAST NEW YORK AVENUE SANFORD, FL 32773

SUITE #3

DELAND, FL 32724

**Current Mailing Address: New Mailing Address:** 

634 MONROE HARBOR PL. 137 WEST UNIVERSITY AVENUE

SANFORD, FL 32773 DELAND, FL 32720

FEI Number: 55-0843628 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENARDY, MARJORIE MENARDY, MARJORIE 634 MONROE HARBOR PL 137 WEST UNIVERSITY AVENUE SANFORD, FL 32773 DELAND, FL 32720 US

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: MARJORIE MENARDY 06/30/2005

> Electronic Signature of Registered Agent Date

> > Title:

Name:

Title:

Address:

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: () Delete MENARDY, MARJORIE Name: 634 MONROE HARBOR PL. Address:

City-St-Zip: SANFORD, FL 32773

Title: () Delete MAGLOIRE, RONALD Name:

City-St-Zip:

634 MONROE HARBOR PL. Address:

SANFORD, FL 32773

City-St-Zip: DELAND, FL 32720

MENARDY, MARJORIE

137 WEST UNIVERSITY AVENUE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

(X) Change ( ) Addition

Name: MAGLOIRE, RONALD

Address: 137 WEST UNIVERSITY AVENUE

DELAND, FL 32720 City-St-Zip:

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 Statutés. 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: MARJORIE MENARDY 06/30/2005 D