

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 09, 2012
Secretary of State

Entity Name: PONCE ADULT FAMILY CARE, INC

Current Principal Place of Business:

7224 JAFFERY CT
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7224 JAFFERY CT
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-2789159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PONCE, CARMEN E
7224 JAFFERY CT
ORLANDO, FL 32835 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
Name: PONCE, CARMEN E
Address: 7224 JAFFERY CT
City-St-Zip: ORLANDO, FL 32835

Title: V
Name: BERENATO, MARCELLO
Address: 7224 JAFFERY CT
City-St-Zip: ORLANDO, FL 32835

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: CARMEN E. PONCE

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date