

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000114590

**Entity Name:** EDEN CARE FACILITY, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11225 RABUN GAP DRIVE  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

11225 RABUN GAP DRIVE  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 20-3324412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALCE, FRITZ  
11225 RABUN GAP DRIVE NORTH  
FORT MYERS, FL 33917 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: DP  
Name: ALCE, FRITZ  
Address: 11225 RABUN GAP DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DST  
Name: SUZIE, ALCE  
Address: 11225 RABUN GAP DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917

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: FRITZ ALCE

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date