

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000028941

FILED
Apr 07, 2010
Secretary of State

Entity Name: TLC GRAVESIDE CARE, INC.

Current Principal Place of Business:

644 CESERY BOULEVARD
SUITE 280
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

644 CESERY BOULEVARD
SUITE 280
JACKSONVILLE, FL 32211 US

New Mailing Address:

FEI Number: 20-4405324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, JUDITH H
644 CESERY BOULEVARD
SUITE 280
JACKSONVILLE, FL 32211 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MILLIGAN, DONNA S
Address: 43267 THOMAS CREEK ROAD
City-St-Zip: CALLAHAN, FL 32011 US

Title: VP
Name: HILL, JUDITH H
Address: 644 CESERY BOULEVARD SUITE 280
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: T
Name: MILLIGAN, DONNA S
Address: 43267 THOMAS CREEK ROAD
City-St-Zip: CALLAHAN, FL 32011 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: DONNA S MILLIGAN

P

04/07/2010

Electronic Signature of Signing Officer or Director

Date