

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000095990

FILED
Mar 31, 2011
Secretary of State

Entity Name: SHORE HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

7 ELIZABETH LN
DAYTONA BCH, FL 32118

New Principal Place of Business:

Current Mailing Address:

7 ELIZABETH LN
DAYTONA BCH, FL 32118

New Mailing Address:

FEI Number: 20-5260292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JENKINS, PAULA
Address: 7 ELIZABETH LANE
City-St-Zip: DAYTONA BEACH, FL 32618

Title: V
Name: JENKINS, AL
Address: 7 ELIZABETH LANE
City-St-Zip: DAYTONA BEACH, FL 32618

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: PAULA JENKINS

P

03/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date