

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137571

Entity Name: ASHTON GROVE CARE, INC.

FILED
Jan 10, 2011
Secretary of State

Current Principal Place of Business:

5101 LILLIAN LEE RD
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5101 LILLIAN LEE RD
ST CLOUD, FL 34771

New Mailing Address:

5005 LILLIAN LEE RD
ST CLOUD, FL 34771

FEI Number: 03-0610461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BESSEY, NOREEN L
5101 LILLIAN LEE RD
ST CLOUD, FL 34771 US

Name and Address of New Registered Agent:

BESSEY, NOREEN L
5005 LILLIAN LEE RD
ST CLOUD, FL 34771 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:

Electronic Signature of Registered Agent

01/10/2011

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: BESSEY, NOREEN L
Address: 2689 PEGGY DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: DVP
Name: GARCIA, ELEAZAR L
Address: 1013 VIRGINIA AVENUE
City-St-Zip: ST CLOUD, FL 34769

Title: DVP
Name: VARGAS, NATIVIDAD A
Address: 2748 ANDES WAY
City-St-Zip: SAINT CLOUD, FL 34769

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: NOREEN L BESSEY

DP

01/10/2011

Electronic Signature of Signing Officer or Director

Date