

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110210

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** ASSISTED HEALTH CARE SERVICES OF NORTH FLORIDA INC.

**Current Principal Place of Business:**

11465 OAKBANK COURT  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

11465 OAKBANK COURT  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 06-1771135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRIS, BESSIE L  
11465 OAKBANK COURT  
JACKSONVILLE, FL 32218 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARRIS, BESSIE L  
Address: 11465 OAKBANK COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP  
Name: HARRIS, BESSIE L  
Address: 11465 OAKBANK COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S  
Name: HARRIS, BESSIE L  
Address: 11465 OAKBANK COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T  
Name: HARRIS, BESSIE L  
Address: 11465 OAKBANK COURT  
City-St-Zip: JACKSONVILLE, FL 32218

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:** BESSIE L. HARRIS

P

05/03/2010

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

\_\_\_\_\_  
Date