

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122959

FILED
Mar 05, 2010
Secretary of State

Entity Name: RHODES INDEPENDENT CARE INC

Current Principal Place of Business:

12270 PIPING PLOVER AVE
BROOKSVILLE, FL 34614 US

New Principal Place of Business:

Current Mailing Address:

12270 PIPING PLOVER AVE
BROOKSVILLE, FL 34614 US

New Mailing Address:

FEI Number: 26-1823949 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RHODES, MAURICE
12270 PIPING PLOVER AVE
BROOKSVILLE, FL 34614 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: PD
Name: RHODES, MAURICE
Address: 12270 PIPING PLOVER AVE
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: SD
Name: RHODES, JOSLYN B
Address: 12270 PIPING PLOVER AVE
City-St-Zip: BROOKSVILLE, FL 34614 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: JOSLYN B. RHODES

VP

03/05/2010

Electronic Signature of Signing Officer or Director

Date