

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069989

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** GRACE HEALTHCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

7368 STATE ROAD 15, US 441  
PAHOKEE, FL 33476

**New Principal Place of Business:**

**Current Mailing Address:**

217 WEST AVENUE A  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 26-3046430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALM GLADES RURAL HEALTH ASSOCIATES, INC.  
217 WEST AVENUE A,  
BELLE GLADE, FL 33430 US

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

KEITH W. HURBS.  
217 WEST AVENUE A,  
BELLE GLADE, FL 33430 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: KEITH W. HURBS, CEO

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HURBS, KEITH  
Address: 7368 STATE ROAD 15, US 441  
City-St-Zip: PAHOKEE, FL 33476

Title: VP  
Name: HURBS, ANN-MARIE  
Address: 7368 STATE ROAD 15, US 441  
City-St-Zip: PAHOKEE, FL 33476

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: KEITH W. HURBS

CEO

04/27/2012

Electronic Signature of Signing Officer or Director

Date