

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083409

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** PREMIER AGING IN PLACE SERVICES, INC.

**Current Principal Place of Business:**

2454 E. MICHIGAN STREET  
SUITE E  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

2454 E. MICHIGAN STREET  
SUITE E  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 27-1097674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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,D  
**Name:** BATES, TIMOTHY  
**Address:** 2454 E. MICHIGAN STREET SUITE E  
**City-St-Zip:** ORLANDO, FL 32806 US

**Title:** TREA  
**Name:** BATES, TIMOTHY  
**Address:** 2454 E. MICHIGAN STREET SUITE E  
**City-St-Zip:** ORLANDO, FL 32806 US

**Title:** SER  
**Name:** BATES, KIMBERLY  
**Address:** 2454 E. MICHIGAN STREET SUITE E  
**City-St-Zip:** ORLANDO, FL 32806 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:** TIMOTHY BATES

PRES

01/06/2011

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

\_\_\_\_\_  
Date