

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000090926

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** ANGEL CARE AT VERO BEACH INC

**Current Principal Place of Business:**

1130 7TH AVE  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

5936 WINCHESTER ISLE RD  
ORLANDO, FL 32829 US

**New Mailing Address:**

**FEI Number:** 27-1222191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANTOS, PAUL C  
5936 WINCHESTER ISLE RD  
ORLANDO, FL 32829 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  
Name: SANTOS, MEDIATRIX C  
Address: 1 SUMMIT CT  
City-St-Zip: HACKENSACK, NJ 07601 US

Title: VP/S  
Name: SANTOS, PAUL C  
Address: 5936 WINCHESTER ISLE RD  
City-St-Zip: ORLANDO, FL 32829 US

Title: O  
Name: SANTOS, APOLINAR M  
Address: 1 SUMMIT CT  
City-St-Zip: HACKENSACK, NJ 07601 US

Title: O  
Name: SANTOS, AILEEN SHARON A  
Address: 5936 WINCHESTER ISLE RD  
City-St-Zip: ORLANDO, FL 32829 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: PAUL C SANTOS

VP/S

01/10/2012

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

\_\_\_\_\_  
Date