

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000015907

FILED
Apr 29, 2011
Secretary of State

Entity Name: BAYSIDE FAMILY CARE HOME, INC.

Current Principal Place of Business:

4314 BAYSIDE DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

4314 BAYSIDE DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 26-3787501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORGES, NATASHA C
664 DINNER STREET NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

WORGES, NATASHA C
664 DINNER STREET
PALM BAY, FL 32907 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:

Electronic Signature of Registered Agent

04/29/2011

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WORGES, AVIS C
Address: 4313 BAYSIDE AVE
City-St-Zip: KISSIMMEE, FL 34746

Title: VP
Name: PATTERSON, RUBY
Address: 4313 BAYSIDE AVE
City-St-Zip: KISSIMMEE, FL 34746

Title: T
Name: WORGES, NATASHA C
Address: 664 DINNER STREET NE
City-St-Zip: PALM BAY, FL 32907

Title: O
Name: WORGES, SOPHIA R
Address: 2759 ALMOND AVE
City-St-Zip: KISSIMMEE, FL 34746

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: NATASHA WORGES

T

04/29/2011

Electronic Signature of Signing Officer or Director

Date