2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# P10000094063

Entity Name: MANDEVILLE MANOR HEALTH SYSTEMS, INC

Current Principal Place of Business:

40 PONCE DELEON DRIVE
PALM COAST, FL 32164 US

New Principal Place of Business:

Current Mailing Address:

40 PONCE DELEON DRIVE
PALM COAST, FL 32164 US

New Mailing Address:

FEI Number: 27-3939532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SLATER, GWEN
4643 CLYDE MORRIS BLVD
SUITE 308
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

LOGUIDCE, JOSEPH A
1515 RIDGEWOOD AVENUE
SUITE A
HOLLY HILL, FL 32117 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: JOSEPH LOGUIDICE 03/29/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEWIS, LESLIE
Address: 58 HART ST
City-St-Zip: BROOKLYN, NY 11206 US

Title: VP
Name: MCLARTY, OLNEY
Address: 78 WELLSTONE DR
City-St-Zip: PALM COAST, FL 32164 US

Title: TREA
Name: MCLARTY, MARGARET
Address: 5 WALTON PLACE
City-St-Zip: PALM COAST, FL 32164

Title: SEC
Name: DRUMMOND, ROSEMARY
Address: 40 PONCE DELEON DRIVE
City-St-Zip: PALM COAST, FL 32164

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: LESLIE LEWIS P 03/29/2012
Electronic Signature of Signing Officer or Director Date