

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000057746

FILED
Feb 13, 2012
Secretary of State

Entity Name: INSTITUTE FOR ELDER CARE RESOURCES, INC.

Current Principal Place of Business:

12520 6TH ST E
TREASURE ISLAND, FL 33706

New Principal Place of Business:

12520 6TH ST E
TREASURE ISLAND, FL 33706 US

Current Mailing Address:

12520 6TH ST E
TREASURE ISLAND, FL 33706

New Mailing Address:

12520 6TH ST E
TREASURE ISLAND, FL 33706 US

FEI Number: 28-4382069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALLA, VALERIE
12520 6TH ST E
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

ANDERSON, PAM M
12520 6TH ST E
TREASURE ISLAND, FL 33706 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: PAM ANDERSON

02/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ANDERSON, PAM NCG
Address: 12520 6TH ST E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP
Name: LEE, HELEN M CFP
Address: 8068 22ND AVE N
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: S
Name: PALLA, VALERIE
Address: 12520 6TH ST E
City-St-Zip: TREASURE ISLAND, FL 33706 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: PAM ANDERSON

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

Date