

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000090142

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FOUNDATION COMMUNITY SERVICE CENTERS INC.

**Current Principal Place of Business:**

2704 BEL AIRE CIR.  
TAMPA, FL 33614 US

**New Principal Place of Business:**

3031 W. CYPRESS ST. SUITE A  
TAMPA, FL 33607 US

**Current Mailing Address:**

2704 BEL AIRE CIR.  
TAMPA, FL 33614 US

**New Mailing Address:**

P.O. BOX 260159  
TAMPA, FL 33685 99

**FEI Number:** 45-3664501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, ANNIE  
2704 BEL AIRE CIR.  
TAMPA, FL 33614 US

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

SANCHEZ, GIL P.A.  
201 S. WESTLAND AVE  
TAMPA, FL 33606 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: GIL SANCHEZ P.A.

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GONZALEZ-LIMBERG, CARI  
Address: 3031 W. CYPRESS ST. SUITE A  
City-St-Zip: TAMPA, FL 33607 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: CARI GONZALEZ-LIMBERG

PRES

04/30/2012

Electronic Signature of Signing Officer or Director

Date