2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P11000094035

Entity Name: ANGELS CARE CENTER OF JACKSONVILLE ,INC

Current Principal Place of Business:

3271 TIGER HOLE RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3271 TIGER HOLE RD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 80-0686534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCIDE, DIEUSEUL
4770 BARNES RD
STE.4
JACKSONVILLE, FL 32207 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: ESTIME, JUNIE
Address: 3271 TIGER HOLE RD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP.
Name: ALCIDE, DIEUSEUL
Address: 4770 BARNES RD STE 4
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DIR
Name: JONES, ARLISIA L
Address: 3271 TIGER HOLE RD
City-St-Zip: JACKSONVILLE, FL 32216 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: DIEUSEUL ALCIDE VP 04/30/2012

Electronic Signature of Signing Officer or Director — Date