2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
Secretary of State

DOCUMENT# P96000012863

Entity Name: TIFFANY LAKE CARE CENTERS, INC.

Current Principal Place of Business:

402 N RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

402 N RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-3385296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULVER, DESIREE A
402 N RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD
Name: CULVER, DESIREE A
Address: 402 N RIVERSIDE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: AD
Name: CULVER, DESIREE A CULVER
Address: 402 N. RIVERSIDE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: CM
Name: CULVER, DESIREE A
Address: 402 N. RIVERSIDE DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: DESIREE CULVER PRES 01/09/2010

Electronic Signature of Signing Officer or Director Date