

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012863

FILED
Apr 21, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

PRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date