

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000052136 1. Entity Name BAYSIDE CARE CENTER, INC.					
Principal Place of Business 3778 MAPLE GROVE CT PORT ORANGE FL 32129 US			Mailing Address 3778 MAPLE GROVE CT PORT ORANGE FL 32129 US		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3396181	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ODU, STEPHEN 3832 LONG GROVE LANE PORT ORANGE FL 32129			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ODU, STEPHEN 3832 LONG GROVE LANE PORT ORANGE FL 32129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000336984 04/27/05-80150-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ODU, BEATRICE 3832 LONG GROVE LANE PORT ORANGE FL 32129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stephen Odu</u> (Stephen Odu) 4/20/05 286 871-9771 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					