

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052136

Entity Name: BAYSIDE CARE CENTER, INC.

FILED  
Mar 22, 2011  
Secretary of State

**Current Principal Place of Business:**

3778 MAPLE GROVE CT  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:****Current Mailing Address:**

3778 MAPLE GROVE CT  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 59-3396181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ODU, STEPHEN  
3832 LONG GROVE LANE  
PORT ORANGE, FL 32129 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: ODU, STEPHEN  
Address: 3832 LONG GROVE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP  
Name: ODU, BEATRICE  
Address: 3832 LONG GROVE LANE  
City-St-Zip: PORT ORANGE, FL 32129

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: STEPHEN ODU

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date