2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098437

Entity Name: OCALA GERIATRIC SERVICES, INC.

FILED Jan 09, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

120 NE 50TH AVE 1300 SW 42ND STREET OCALA, FL 34470 OCALA, FL 34471

Current Mailing Address: New Mailing Address:

120 NE 50TH AVE 1300 SW 42ND STREET OCALA, FL 34470 OCALA, FL 34471

FEI Number: 59-3482964 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CHERRY, TERESA A

120 N.E. 50TH AVE.

OCALA, FL 34470 US

SPOGEN, TERESA A

1300 SW 42ND STREET

OCALA, FL 34471 US

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: TERESA A SPOGEN 01/09/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

Name: KITOS, ROBERT J Address: 10119 N.W. 60TH AVE. City-St-Zip: OCALA, FL 34482

Title: D

 Name:
 RICK, LARRY F

 Address:
 3424 NW 37TH AVE.

 City-St-Zip:
 GAINESVILLE, FL 32605

Title: P/D

 Name:
 CLEVINGER, SIDNEY E

 Address:
 2415 SE 17TH ST

 City-St-Zip:
 OCALA, FL 34471

Title: S/D

Name: SPOGEN, TERESA A
Address: 1300 SW 42ND STREET
City-St-Zip: OCALA, FL 34471

Title:

 Name:
 UMANA, GABRIEL

 Address:
 2560 SE 17TH STREET

 City-St-Zip:
 OCALA, FL 34471

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: TERESA A SPOGEN S/D 01/09/2012