

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015236

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** CROSSROADS HEALTH CARE CENTER, INC.

**Current Principal Place of Business:**

635 PRIMERA BLVD  
101  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

635 PRIMERA BLVD  
101  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-3497522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RENAUD, MOJKA  
1421 LAKE GEORGE DR.  
LAKE MARY, FL 32746      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:            PRES  
Name:            RENAUD, MOJKA  
Address:        1421 LAKE GEORGE DR.  
City-St-Zip:    LAKE MARY, FL 32746

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: MOJKA RENAUD

PRES

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date