

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015236

FILED
Apr 11, 2012
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:

635 PRIMERA BLVD
101
LAKE MARY, FL 32746 UN

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

04/11/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date