

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048007

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** TAKE CARE OF MANATEE, INC.

**Current Principal Place of Business:**

6146 STATE RD 70 E  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

6146 STATE RD 70 E  
BRADENTON, FL 34203

**New Mailing Address:**

**FEI Number:** 65-0931131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WISE, SUSANNE  
6146 STATE ROAD 70E  
BRADENTON, FL 34203 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: WISE, SUSANNE  
Address: 7508 COVE TERRACE  
City-St-Zip: SARASOTA, FL 34231

Title: VP  
Name: WISE, CARL A  
Address: 7508 COVE TERRACE  
City-St-Zip: SARASOTA, FL 34231

Title: T  
Name: WISE, SUSANNE S  
Address: 7508 COVE TERRACE  
City-St-Zip: SARASOTA, FL 34231

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: SUSANNE S. WISE

P

04/03/2012

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

\_\_\_\_\_  
Date