

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110131

FILED
Jun 28, 2010
Secretary of State

Entity Name: NORTHWEST CARE CENTRE, INC.

Current Principal Place of Business:

802 71ST ST. N.W.
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

802 71ST ST. N.W.
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 65-0970098 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEISSNER, GREGORY C ESQ
1111 3RD AVE. W., STE. 150
BRADENTON, FL 34205 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: DP
Name: MOORE, ETHELENE B
Address: 802 71ST ST. N.W.
City-St-Zip: BRADENTON, FL 34209

Title: S
Name: MOORE, ELTON P
Address: 6512 100TH ST SW
City-St-Zip: LAKEWOOD, WA 98499

Title: T
Name: GUCCIONE, JEREMIAH J
Address: 1584 STICKNEY PT RD #103
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: ETHELENE MOORE

DP

06/28/2010

Electronic Signature of Signing Officer or Director

Date