

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704657

**Entity Name:** LOURDES-NOREEN MCKEEN RESIDENCE FOR GERIATIC CARE, INC.

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC4015588255**

**Current Principal Place of Business:**

315 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

315 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401

**FEI Number: 59-0879342**

**Certificate of Status Desired: Yes**

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

LINDSAY, SISTER JEANETTE D  
315 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 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: SISTER JEANETTE D. LINDSAY**

**01/13/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name LINDSAY, SISTER JEANETTE D  
Address 315 SOUTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title S  
Name ABRAHAM, KATHLEEN  
Address 315 SO. FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33401

Title PD  
Name DE LOURDES VEILLEUX, SISTER M.  
ANTHONY  
Address 315 SOUTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title VP  
Name DALY, JAMES  
Address 315 SOUTH FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS PETERSON**

**CFO**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date