

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003332

Entity Name: FLORIDA CARE PROPERTIES, INC.

Current Principal Place of Business:

3575 PIEDMONT ROAD N.E., SUITE 930
ATLANTA, GA 30305

Current Mailing Address:

15 PIEDMONT CENTER STE 930
3575 PIEDMONT RD NE
ATLANTA, GA 30305

FEI Number: 58-2550002

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALONEY, FRANK EJR
445 EAST MACCLENNY AVENUE
MACCLENNY, FL 32063 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DCEO
Name GROVE, GREGORY K
Address 1075 W. CONWAY DRIVE, N.W.
City-State-Zip: ATLANTA GA 30327

Title DIRECTOR
Name DUGGAN, TIMOTHY A
Address 15 PIEDMONT CTR SUITE 930
City-State-Zip: ATLANTA GA 30305

Title VP
Name ROWE, WILLIAM FIII
Address 15 PIEDMONT CTR SUITE 930
City-State-Zip: ATLANTA GA 30305

Title DIR
Name DELOZIER, ARTHUR C
Address 15 PIEDMONT CENTER
SUITE 930
City-State-Zip: ATLANTA GA 30305

Title PRES
Name GARRETT, MARVIN E
Address 1514 NORTH GREENVILLE AVENUE
City-State-Zip: ALLEN TX 75002

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: WILLIAM F. ROWE, III

VICE PRESIDENT

02/06/2017

Electronic Signature of Signing Officer/Director Detail

Date