

**2018 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 WALDROP, MARK A  
Address 15 PIEDMONT CENTER  
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 DIRECTOR  
Name DUGGAN, TIMOTHY A  
Address 15 PIEDMONT CTR 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

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

*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

03/01/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date