

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000004139

Entity Name: NORTH RIVER CARE, INC.

Current Principal Place of Business:

1020 10TH AVE W
STE. 100
PALMETTO, FL 34221

Current Mailing Address:

1020 10TH AVE W
STE 100
PALMETTO, FL 34221 US

FEI Number: 01-0713126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, DAWN
1020 10TH AVE W
STE. 100
PALMETTO, FL 34221 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: DAWN MURPHY

06/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name MURPHY, DAWN
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title SECRETARY
Name DODSON, DELFINA
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title OTHER
Name GILES, TERI
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name PRITCHETT, LARRY
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title VC
Name GROOVER, RICK
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name FLETCHER, JOHN BUB
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name JONES, SUSIE
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name DURDEN, TIM
Address 1020 10TH AVE W
STE. 100
City-State-Zip: PALMETTO FL 34221

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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: TERI GILES

EXECUTIVE DIRECTOR

06/06/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILSON, CATHY
Address 1020 10TH AVE W
 STE. 100
City-State-Zip: PALMETTO FL 34221