

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004139

**FILED**  
**Apr 07, 2021**  
**Secretary of State**  
**2051475637CC**

**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:**

GAY, LINDA  
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:** LINDA GAY

04/07/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name GILES, TERI  
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 CHAIRMAN  
Name FLETCHER, JOHN BUB  
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

Title TREASURER  
Name GAY, LINDA  
Address 1020 10TH AVE W  
STE. 100  
City-State-Zip: PALMETTO FL 34221

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

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

**Continues on page 2**

*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

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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