

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004139

**FILED**  
**May 05, 2016**  
**Secretary of State**  
**CC7092198385**

**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:**

HARRISON, THOMAS W  
1206 MANATEE AVE W  
BRADENTON, FL 34205 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 CHAIRMAN  
Name DOWNING, LORI  
Address 1020 10TH AVE W  
STE. 100  
City-State-Zip: PALMETTO FL 34221

Title VC  
Name WILSON, CATHY  
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 TREASURER  
Name GAY, JIM  
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 DIRECTOR  
Name GROOVER, RICK  
Address 1020 10TH AVE W  
STE. 100  
City-State-Zip: PALMETTO FL 34221

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

*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 J GILES

**EXECUTIVE DIRECTOR,** 05/05/2016  
**NORTH RIVER CARE**

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

\_\_\_\_\_  
Date