2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2023
Secretary of State
4314701277CC

DOCUMENT# N96000004049

Entity Name: ALZHEIMER'S FAMILY SERVICES, INC.

Current Principal Place of Business:

5041 N. 12TH AVE.
PENSACOLA, FL 32504

Current Mailing Address:

5041 N. 12TH AVE.
PENSACOLA, FL 32504 US

FEI Number: 59-3394242

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, ROBERT L III, ESQ
501 COMMENDENCIA ST
PENSACOLA, FL 32502 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: JEFF MISLEVY 03/10/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO
Name	MISLEVY, JEFF
Address	5041 N. 12TH AVENUE
City-State-Zip:	PENSACOLA FL 32504

Title	VC
Name	GUTTMAN, RODNEY PHD
Address	1100 UNIVERSITY PKWY, BLDG 41 UNIVERSITY OF WEST FLORIDA
City-State-Zip:	PENSACOLA FL 32514

Title	BM
Name	CALDWELL, MILLER III
Address	116 N TARRAGONA ST
City-State-Zip:	PENSACOLA FL 32502

Title	BM
Name	JENNINGS, PETER MD
Address	5153 N 9TH AVE
City-State-Zip:	PENSACOLA FL 32504

Title	C
Name	OWENS, TOM
Address	5041 N. 12TH AVE.
City-State-Zip:	PENSACOLA FL 32504

Title	T
Name	SMITH, XAN
Address	1221 LAKEVIEWS AVE, BLDG A
City-State-Zip:	PENSACOLA FL 32501

Title	BM
Name	HAFERKAMP, DON
Address	1501 N GUILLEMARD ST
City-State-Zip:	PENSACOLA FL 32501

Title	BM
Name	PARRA, BRETT MD
Address	4724 N DAVIS HWY
City-State-Zip:	PENSACOLA FL 32503

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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: JEFF MISLEVY CEO 03/10/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	BM
Name	SARROS, STEVE
Address	1717 NORTH E STREET STE 320
City-State-Zip:	PENSACOLA FL 32522