

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

04/26/2022

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 C  
Name OWENS, TOM  
Address 5041 N. 12TH AVE.  
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 T  
Name SMITH, XAN  
Address 1221 LAKEVIEWS AVE, BLDG A  
City-State-Zip: PENSACOLA FL 32501

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

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

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

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

**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:** JEFF MISLEVY

CEO

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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