2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2014
Secretary of State
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Entity Name: ALZHEIMER'S COMMUNITY CARE, INC.

Current Principal Place of Business:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

Current Mailing Address:

800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH, FL 33407

FEI Number: 31-1481653

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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	DC
Name	BENNETT, CLARK D
Address	2501A BURNS ROAD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DVC
Name	RAPPAPORT, JUDITH B
Address	15780 HAYNIE LANE
City-State-Zip:	JUPITER FL 33478

Title	DT
Name	GREGORY, JAMES FRAGAKIS
Address	1120 ELIZABETH AVE
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D/AT
Name	JOHNSON, RANDY KSR.
Address	1900 W. 23RD STREET
City-State-Zip:	RIVIERA BEACH FL 33404

Title	D/P
Name	BARNES, MARY M
Address	800 NORTHPOINT PARKWAY, SUITE 101B
City-State-Zip:	WEST PALM BEACH FL 33407

Title	DS
Name	GORMAN, ROBERT J
Address	1209 DELAWARE AVENUE
City-State-Zip:	FT. PIERCE FL 34950

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: MARY M. BARNES PRESIDENT AND CEO 03/11/2014

Electronic Signature of Signing Officer/Director Detail — Date