

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063907

Entity Name: PONCE ADULT FAMILY CARE, INC

Current Principal Place of Business:

7224 JAFFERY CT
ORLANDO, FL 32835

Current Mailing Address:

7224 JAFFERY CT
ORLANDO, FL 32835

FEI Number: 20-2789159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONCE, CARMEN E
7224 JAFFERY CT
ORLANDO, FL 32835 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	P	Title	V
Name	PONCE, CARMEN E	Name	BERENATO, MARCELLO
Address	7224 JAFFERY CT	Address	7224 JAFFERY CT
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARCELLO BERENATO

V.P.

01/18/2014

Electronic Signature of Signing Officer/Director Detail

Date