

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001652

Entity Name: LORRAINE ASSISTED CARE, INC.

Current Principal Place of Business:

5916 LORRAINE RD.
BRADENTON, FL 34211

Current Mailing Address:

5916 LORRAINE RD.
BRADENTON, FL 34211

FEI Number: 27-1638391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER, BRIAN
2937 BEE RIDGE RD
SUITE 2
SARASOTA, FL 34239 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 .
Name BONGART, MELISSA A
Address 5916 LORRAINE RD
City-State-Zip: BRADENTON FL 34211

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: MELISSA BONGART

OFFICER

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date