## 2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P13000042832

Entity Name: A PLACE FOR YOU ADULT DAY CARE AND REHAB CENTER

CORP.

Oct 30, 2015 Secretary of State CC4137028339

**FILED** 

## **Current Principal Place of Business:**

4996 10TH AVENUE NORTH HAVERHILL ROAD

GREENACRES, FL 33463

## **Current Mailing Address:**

4996 10TH AVENUE NORTH HAVERHILL ROAD GREENACRES, FL 33463 US

FEI Number: 46-2790084 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

PEREZ, CAELY MARIE 1657 PRIMROSE LANE WELLINGTON, FL 33414 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: CAELY PEREZ 10/30/2015

STE 5

Electronic Signature of Registered Agent

Officer/Director Detail:

Title P Title VP

Name GONZALEZ, YONIEL Name PEREZ, CAELY
Address 4996 10TH AVE N Address 4996 10TH AVE N

STE 5

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title SECRETARY

Name GOZALEZ, YONIEL Address 4996 10TH AVE N

STE 5

City-State-Zip: GREENACRES FL 33463

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: CAELY PEREZ PRESIDENT 10/30/2015

Date