

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P13000081430

**Entity Name:** GRACIOUS CARE RECOVERY SOLUTIONS, INC.

**Current Principal Place of Business:**

201 N FEDERAL HWY  
SECOND FLOOR  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

201 N FEDERAL HWY  
SECOND FLOOR  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 46-3796706

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAY, MARIALUISA  
3850 NE 17TH AVENUE  
POMPANO BEACH, FL 33064 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  
Name WAY, MARIALUISA  
Address 3850 NE 17TH AVENUE  
City-State-Zip: POMPANO BEACH FL 33064

*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:** MARIALUISA WAY

**PRESIDENT**

**09/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date