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.

PRESIDENT

SIGNATURE: CASSANDRA LANNETTE STURRUP

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000030334

Entity Name: ARCH CREEK SENIOR CARE SERVICES INCORPORATED

Current Principal Place of Business:

13899 BISCAYNE BLVD. SUITE 228 NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

13899 BISCAYNE BLVD. SUITE 228 NORTH MIAMI BEACH, FL 33181

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

STURRUP, CASSANDRA L 13899 BISCAYNE BLVD. SUITE 228 NORTH MIAMI BEACH, FL 33181 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

Officer/Director Detail :

TitlePSTDNameSTURRUP, CASSANDRAAddress1200 NE 200 TERRACECity-State-Zip:MIAMI FL 33179

FILED Mar 21, 2015 Secretary of State CC6777149870

Date

Certificate of Status Desired: Yes

03/21/2015

Date