## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000035510

Entity Name: CONTINUUM OF CARE ADULT DAY & IN-HOME SERVICES,

INC.

FILED
Mar 03, 2016
Secretary of State
CC3760778517

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

12626 TROPIC DRIVE EAST JACKSONVILLE, FL 32225

## **Current Mailing Address:**

9951 ATLANTIC BLVD STE 108 JACKSONVILLE, FL 32225 US

FEI Number: 47-3789154 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

SHAH, VRAJESH 12626 TROPIC DRIVE EAST JACKSONVILLE, FL 32225 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

Name SHAH, VRAJESH Name SHAH, RAJ

Address 12626 TROPIC DRIVE EAST Address 12626 TROPIC DRIVE EAST

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

Title SV

Name SHAH, SMITA

Address 12626 TROPIC DRIVE EAST City-State-Zip: JACKSONVILLE FL 32225

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: VRAJESH SHAH

Electronic Signature of Signing Officer/Director Detail

03/03/2016