

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012863

Entity Name: TIFFANY LAKE CARE CENTERS, INC.**Current Principal Place of Business:**402 N RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**402 N RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168 US**FEI Number:** 59-3385296**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VILANOVA, DESIREE A
402 N RIVERSIDE DR
NEW SMYRNA BEACH, FL 32168 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:** DESIREE VILANOVA

01/24/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PTSD
Name	VILANOVA, DESIREE A
Address	402 N RIVERSIDE DR
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	AD
Name	VILANOVA, DESIREE ACULVER
Address	402 N. RIVERSIDE DR
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	CM
Name	VILANOVA, DESIREE A
Address	402 N. RIVERSIDE DR
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	CM
Name	VILANOVA, DESIREE A
Address	402 N. RIVERSIDE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	CM
Name	VILANOVA, DESIREE A
Address	402 N. RIVERSIDE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	CM
Name	VILANOVA, DESIREE A
Address	402 N. RIVERSIDE DRIVE
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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: DESIREE VILANOVA**PRESIDENT**

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date