

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006479

FILED
Apr 29, 2009
Secretary of State

Entity Name: VANDOR GERIATRIC HOMECARE, INC

Current Principal Place of Business:

2110 NORTH 46 AVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

2110 NORTH 46 AVE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 90-0413099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIBURD, ADRIAN E
7466 NW 18 DR
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, DOROTHY
Address: 4631 WEST PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: ROBERTS, IVAN
Address: 4631 WEST PARK RD
City-St-Zip: HOLLYWOOD, FL 33021

Title: MBR () Delete
Name: LIBURD, ADRIAN
Address: 7466 NW 18 DR
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY ROBERTS

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date