2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 656722

Entity Name: MEDICARE CONVALESCENT AIDS OF ORLANDO, INC.

Current Principal Place of Business:

102 DRENNEN ROAD
SUITE B-1
ORLANDO, FL 33806 US

New Principal Place of Business:

Current Mailing Address:

102 DRENNEN ROAD
SUITE B-1
ORLANDO, FL 33806 US

New Mailing Address:

102 DRENNEN ROAD
SUITE B-1
ORLANDO, FL 32806 US

FEI Number: 59-1974145 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEUTSCH, STEVEN G
102 DRENNEN RD
SUITE B1 AND B2
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

DEUTSCH, STEVEN G PRES
102 DRENNEN RD
SUITE B1 AND B2
ORLANDO, FL 32806 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: STEVEN G. DEUTSCH 04/13/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEUTSCH, STEVEN
Address: 102 DRENNEN ROAD, SUITE B-1
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DEUTSCH, STEVEN
Address: 102 DRENNEN ROAD, SUITE B-1
City-St-Zip: ORLANDO, FL 32806

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN G. DEUTSCH PRES 04/13/2009
Electronic Signature of Signing Officer or Director Date