

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004898

FILED
Jun 24, 2009
Secretary of State

Entity Name: THE ELDERCARE COMPANIES, INC.

Current Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD
STE. 806
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 427
NEW EGYPT, NJ 085330427

New Mailing Address:

FEI Number: 22-3535469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCST () Delete
Name: SCHWARTZ, DAVID C
Address: 1250 E HALLANDALE BEACH BLVD SUITE 806
City-St-Zip: HALLANDALE, FL 33009

Title: DV () Delete
Name: SMITH, PAULA
Address: 1250 E HALLANDALE BEACH BLVD SUITE 806
City-St-Zip: HALLANDALE, FL 33009

Title: SVP () Delete
Name: SALVI, JULIE
Address: PO BOX 427
City-St-Zip: NEW EGYPT, NJ 08533

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

SIGNATURE: DAVID SCHWARTZ

PCST

06/24/2009

Electronic Signature of Signing Officer or Director

Date