

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001939

Entity Name: LIBERTY HEALTHCARE GROUP, INC.

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

10045 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

## New Principal Place of Business:

10045 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

## Current Mailing Address:

10045 SOUTH FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

## New Mailing Address:

10045 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

FEI Number: 86-1056555

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JONES, KEITH  
Address: 10045 SOUTH FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPT ( ) Delete  
Name: STARR, JONATHAN  
Address: 10045 SOUTH FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Delete  
Name: MARINO, LORI B  
Address: 10045 SOUTH FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D ( ) Delete  
Name: JONES, KEITH  
Address: 10045 SOUTH FEDERAL HWY  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: JONES, KEITH DIRPRES  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SVPT (X) Change ( ) Addition  
Name: GAYLORD, PETER SVPTREA  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP/S (X) Change ( ) Addition  
Name: MARINO, LORI B VPSEC  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ASEC (X) Change ( ) Addition  
Name: WISSE, ALISA A ASEC  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: ATRE ( ) Change (X) Addition  
Name: STARR, JONATHAN ATREAS  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP ( ) Change (X) Addition  
Name: SOKALER, ALAN VP  
Address: 10045 S. FEDERAL HIGHWAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: JANE LOUIS

POA

03/27/2009

Electronic Signature of Signing Officer or Director

Date