2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007
Secretary of State

DOCUMENT# F05994

Entity Name: PETERSEN HEALTH CARE, INC.

Current Principal Place of Business:

ONE THOUSAND BEVERLY WAY
FORT SMITH, AR 72919 US

New Principal Place of Business:

1000 FIANNA WAY
FORT SMITH, AR 72919 US

Current Mailing Address:

ONE THOUSAND BEVERLY WAY
FORT SMITH, AR 72919 US

New Mailing Address:

1000 FIANNA WAY
FORT SMITH, AR 72919 US

FEI Number: 59-2043392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD ( ) Delete
Name: DEVEREAUX, DAVID R
Address: ONE THOUSAND BEVERLY WAY
City-St-Zip: FORT SMITH, AR 72919 US

Title: S ( ) Delete
Name: ARENA, JOHN G
Address: ONE THOUSAND BEVERLY WAY
City-St-Zip: FORT SMITH, AR 72919 US

Title: VPFD ( ) Delete
Name: ROBERTS, KEVIN M
Address: ONE THOUSAND BEVERLY WAY
City-St-Zip: FORT SMITH, AR 72919 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS-VINK, JULIANNE
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919 US

Title: S (X) Change ( ) Addition
Name: JONES, HOLLY A
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919 US

Title: VP (X) Change ( ) Addition
Name: ROBERTS, KEVIN M
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919 US

Title: D ( ) Change (X) Addition
Name: ROBERTS, MAUREEN
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

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: HOLLY A. JONES S 05/10/2007
Electronic Signature of Signing Officer or Director Date