

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002326

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** APOPKA HEALTH CARE PROPERTIES, INC.

**Current Principal Place of Business:**

3949 SOUTH COBB DRIVE  
SMYRNA, GA 30080

**New Principal Place of Business:**

**Current Mailing Address:**

3949 SOUTH COBB DRIVE  
SMYRNA, GA 30080

**New Mailing Address:**

**FEI Number:** 51-0605694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIMBLE, T.L.  
111 N. ORLANDO AVE  
WINTER PARK, FL 32789 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: CD ( ) Delete  
Name: HENDERSCHIEDT, ROBERT  
Address: 111 N. ORLANDO AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: PD ( ) Delete  
Name: FETTERS, MICHELLE  
Address: 602 COURTLAND STREET SUITE 200  
City-St-Zip: ORLANDO, FL 32804

Title: AS ( ) Delete  
Name: ADDISCOTT, LYNN  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: AS ( ) Delete  
Name: BLOCK, MARK  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: AS ( ) Delete  
Name: SKILTON, GARY C  
Address: 111 NORTH ORLANDO AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: AS ( ) Delete  
Name: DE PRADA, ARIEL  
Address: 111 N. ORLANDO AVENUE  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: GIVENS, MICHELLE  
Address: 602 COURTLAND STREET SUITE 200  
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Change ( ) Addition  
Name: MCMILLAN, FRANK  
Address: 1302 HAMPSHIRE PLACE CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS (X) Change ( ) Addition  
Name: MCMULLEN, ROBERT  
Address: 602 COURTLAND STREET SUITE 200  
City-St-Zip: ORLANDO, FL 32804

Title: AS (X) Change ( ) Addition  
Name: RODMAN, DAVID  
Address: 602 COURTLAND STREET SUITE 200  
City-St-Zip: ORLANDO, FL 32804

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: ARIEL DE PRADA

AS

01/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date