

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005413

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** EDEN PARK HEALTH SERVICES, INC.

**Current Principal Place of Business:**

45 LEARNED STREET  
ALBANY, NY 12207

**New Principal Place of Business:**

**Current Mailing Address:**

45 LEARNED STREET  
ALBANY, NY 12207

**New Mailing Address:**

7300 OLEANDER AVENUE  
PORT ST. LUCIE, FL 34952

**FEI Number:** 14-1548928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRARY, LAWRENCE E III ESQ  
555 COLORADO AVE  
STUART, FL 34994 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:** DC  
**Name:** HOFFMAN, SCOTT H  
**Address:** 4586 S.W. LONG BAY DRIVE  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** DPT  
**Name:** MENDLESON, ALTON P JR  
**Address:** 115 MOSHER ROAD  
**City-St-Zip:** GLENMONT, NY 12077

**Title:** DS  
**Name:** WANDER, FRED  
**Address:** 7 MARION AVENUE  
**City-St-Zip:** ALBANY, NY 12208

I hereby 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 all other like empowered.

**SIGNATURE:** ALTON P MENDLESON JR

P

01/05/2010

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

\_\_\_\_\_  
Date