2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50496

Entity Name: CORAL SPRINGS CENTER, INC.

FILED Jun 04, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

9851-9865 W SAMPLE ROAD P.O. BOX 670913 9851-9865 W SAMPLE ROAD CORAL SPRINGS, FL 33067 US

CORAL SPRINGS, FL 33067 US

Current Mailing Address: New Mailing Address:

P.O. BOX 670913 9851-9865 W SAMPLE ROAD CORAL SPRINGS, FL 33067 US CORAL SPRINGS, FL 33067 US

FEI Number: 59-2140762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KARACHALIAS, ELEUTHERE 6520 NW 56 DR CORAL SPRINGS, FL 33067

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 ().

US

Liection Campaign i mancing Trust i and Contribution

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

 Title:
 DPT
 () Delete
 Title:
 DPT
 (X) Change () Addition

 Name:
 KARACHALIAS, ELEUTHERE
 Name:
 KARACHALIAS, ELEUTHERE

 Address:
 P.O. BOX 670913
 Address:
 6520 NW 56TH DRIVE

City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: CORAL SPRINGS, FL 33067

 Title:
 DVS
 () Delete
 Title:

 Name:
 LAMPIDIS, DIMITRA
 Name:

 Address:
 6520 NW 56TH DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33067
 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: ELEUTHERE KARACHALIOS P 06/04/2009

() Change () Addition