2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005009

Entity Name: MULTICARE FOUNDATION, INC.

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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PO BOX 430 177 PO BOX 430177

BIG PINE KEY, FL 330430177 BIG PINE KEY, FL 330430177

Current Mailing Address: New Mailing Address:

PO BOX 430 177 PO BOX 430177

BIG PINE KEY, FL 330430177 BIG PINE KEY, FL 330430177

FEI Number: 52-1672861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

KRETSCHMAR, JUANITA 30620 19TH ST

BIG PINE KEY, FL 33043 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KRETSCHMAR, MERLIN KRETSCHMAR, MERLIN Name: Name:

#3 19TH ST. PINE KEY ACRES, LOT AQ Address: 30620 19TH ST. Address:

City-St-Zip: BIG PINE KEY, FL 330430177 City-St-Zip: BIG PINE KEY, FL 330430177 US

Title: VTSD () Delete Title: () Change () Addition

KRETSCHMAR, JUANITA Name: Name: Address: P.O BOX 430177 Address: City-St-Zip: BIG PINE KEY, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

SMITH, RICHARD Name: Name: Address: P O BOX 15 Address: City-St-Zip: MALO, WA 99150 US City-St-Zip:

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

Name: OBED, GRAHAM Name: OBED, GRAHAM

41339 EMERALDE ISLAND RD 41339 EMERALDE ISLAND RD Address: Address:

City-St-Zip: LEESBERG, FL City-St-Zip: LEESBERG, FL 34788

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

WHITE, STEVE WHITE, STEVE Name: Name:

1517 WEST SW LOOP 323 13096 SWAN LAKE RD CR 468 Address: Address:

City-St-Zip: TYLER, TX 75701 City-St-Zip: TYLER, TX 75704

Title: () Delete Title: (X) Change () Addition PAULSON-LAUDA, MARY PAULSON-LAUDA, MARY Name: Name:

Address: 3950 N. SHASTA LOOP Address: 8330 CASON RD APT 107 EUGENE, OR 97405 GLADSTONE, OR 97027 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MERLIN KRETSCHMAR PD 04/06/2005

Electronic Signature of Signing Officer or Director

Date