

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F96000004983

FILED
Jul 16, 2009
Secretary of State

Entity Name: FOUNDATION HEALTH FACILITIES, INC.

Current Principal Place of Business:

21650 OXNARD STREET
WOODLAND HILLS, CA 91367 US

New Principal Place of Business:

Current Mailing Address:

21650 OXNARD STREET
WOODLAND HILLS, CA 91367 US

New Mailing Address:

FEI Number: 68-0390438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: JAMES
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: S () Delete
Name: KATHY
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: D () Delete
Name: DENNIS
Address: 21650 OXARD ST WOODLAND HILLS CA 91367
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: D () Delete
Name: JAMES
Address: 21650 OXARD ST WOODLAND HILLS CA 91367
City-St-Zip: WOODLAND HILLS, CA 91367 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOYS, JAMES
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: S (X) Change () Addition
Name: PLAKSIN, KATHY
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: D (X) Change () Addition
Name: BELL, DENNIS
Address: 21650 OXARD ST WOODLAND HILLS CA 91367
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: D (X) Change () Addition
Name: WOYS, JAMES
Address: 21650 OXARD ST WOODLAND HILLS CA 91367
City-St-Zip: WOODLAND HILLS, CA 91367 US

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: KATHY PLAKSIN

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07/16/2009

Electronic Signature of Signing Officer or Director

_____ Date