2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2010
Secretary of State

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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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: BELL, DENNIS
Address: 21650 OXARD ST WOODLAND HILLS CA 91367 WOO
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: D
Name: WOYS, JAMES
Address: 21650 OXARD ST WOODLAND HILLS CA 91367 WOO
City-St-Zip: WOODLAND HILLS, CA 91367 US

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: KATHY PLAKSIN S 01/14/2010

Electronic Signature of Signing Officer or Director Date