2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# J32109

Entity Name: ADULT INTERMEDIATE CARE FACILITIES, INC.

Current Principal Place of Business:

2237 SW PORTSMOUTH LANE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

407 SW CRABAPPLE COVE
PORT ST LUCIE, FL 34986

Current Mailing Address:

2237 SW PORTSMOUTH LANE
PORT ST LUCIE, FL 34953

New Mailing Address:

407 SW CRABAPPLE COVE
PORT ST LUCIE, FL 34986

FEI Number: 59-2721911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRONIN, MEGAN H
2237 SW PORTSMOUTH LANE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

CRONIN, MEGAN H
407 SW CRABAPPLE COVE
PORT ST LUCIE, FL 34986 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: _____ 03/26/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete
Name: CRONIN, MEGAN H
Address: 2237 SW PORTSMOUTH LANE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V ( ) Delete
Name: CRONIN, MATTHEW
Address: 2237 SW PORTSMOUTH LANNE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: CRONIN, MEGAN H
Address: 407 SW CRABAPPLE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: V (X) Change ( ) Addition
Name: CRONIN, MATTHEW
Address: 407 SW CRABAPPLE COVE
City-St-Zip: PORT ST LUCIE, FL 34986

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: MEGAN H. CRONIN PTS 03/26/2009
Electronic Signature of Signing Officer or Director — Date