

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34397

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** ENGLEWOOD FAMILY HEALTH CARE CENTER, INC.

**Current Principal Place of Business:**

C/O TODD R. CHACE  
2400 S. MCCALL RD, STE C  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TODD R. CHACE  
2400 S. MCCALL RD, STE C  
ENGLEWOOD, FL 34224

**New Mailing Address:**

**FEI Number:** 59-2905759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHACE, TODD R.  
2400 S MCCALL ROAD, SUITE C  
ENGLEWOOD, FL 34224 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:** D ( ) Delete  
**Name:** CHACE, TODD R.,  
**Address:** 728 CRESTWOOD DR  
**City-St-Zip:** ENGLEWOOD, FL 34223

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

**Title:** D (X) Change ( ) Addition  
**Name:** CHACE, TODD R.,  
**Address:** 1803 WHISPERING PINES CIRCLE  
**City-St-Zip:** ENGLEWOOD, FL 34223

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:** TODD R. CHACE

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date