

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90981

FILED
Jan 28, 2009
Secretary of State

Entity Name: EXTENDED CARE TREATMENT, INC.

Current Principal Place of Business:

1928 NE 154 ST
SUITE 307
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

1928 NE 154 ST
NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address:

1928 NE 154 ST
SUITE 307
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

1928 NE 154 ST
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 65-0134943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, JEFFREY N
1815 GRIFFIN RD.
SUITE 202
DANIA, FL 33004 US

Name and Address of New Registered Agent:

MC GOWAN, ROSELYN
1928 NE 154TH STREET
NORTH MIAMI BEACH, FL 33162 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: ROSELYN MC GOWAN

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARCHAN, LEE
Address: 1928 NE 154 ST
City-St-Zip: NMB, FL

Title: DV () Delete
Name: MCGOWAN, ROSELYN
Address: 1928 NE 154 ST
City-St-Zip: NMB, FL

Title: DS () Delete
Name: MCGOWAN, ROSELYN
Address: 1928 NE 154 ST
City-St-Zip: NMB, FL

Title: DT () Delete
Name: BARCHAN, MARGARET
Address: 1928 NE 154 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSELYN MC GOWAN

VP

01/28/2009

Electronic Signature of Signing Officer or Director

Date