

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90981

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** EXTENDED CARE TREATMENT, INC.

**Current Principal Place of Business:**

1928 NE 154 ST  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1928 NE 154 ST  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

**FEI Number:** 65-0134943      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MC GOWAN, ROSELYN  
1928 NE 154TH STREET  
NORTH MIAMI BEACH, FL 33162 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: DP  
Name: BARCHAN, LEE  
Address: 1928 NE 154 ST  
City-St-Zip: NMB, FL

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

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

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

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: ROSELYN MCGOWAN

VP

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date