

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L85718

FILED
Aug 20, 2008
Secretary of State**Entity Name:** FUTURECARE SERVICES, INC.**Current Principal Place of Business:**1000 W MCNAB RD STE 236
POMPANO BEACH, FL 33069**New Principal Place of Business:**33 N. CENTRAL AVE.
SUITE 317
MEDFORD, OR 97501**Current Mailing Address:**1000 W MCNAB RD STE 236
POMPANO BEACH, FL 33069**New Mailing Address:**33 N. CENTRAL AVE.
SUITE 317
MEDFORD, OR 97501**FEI Number:** 65-0210716**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BOOKMAN, ROBERT
1000 W MCNAB RD STE 236
POMPANO BEACH, FL 33069 US**Name and Address of New Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: LYNN CANNELONGO

08/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BOOKMAN, ROBERT,
Address: 1000 W MCNAB RD STE 236
City-St-Zip: POMPANO BEACH, FL 33069

Title: VSD () Delete
Name: LEWIS, J. MILTON,
Address: 1000 W MCNAB RD STE 236
City-St-Zip: POMPANO BEACH, FL 33069

Title: () Delete
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SKIFF, THOMAS A
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: VPD (X) Change () Addition
Name: PITBLADDO, RICHARD
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: VPD () Change (X) Addition
Name: DINSMORE, MARK
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: VPAS () Change (X) Addition
Name: SCHMEDLEN, DANIEL G JR.
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: T () Change (X) Addition
Name: YOST, DAVID
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

Title: S () Change (X) Addition
Name: TAYLOR, NANCY
Address: 33 N. CENTRAL AVE., STE. 317
City-St-Zip: MEDFORD, OR 97501

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: DANIEL G. SCHMEDLEN, JR.

VPAS

08/20/2008

Electronic Signature of Signing Officer or Director

Date