

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67406

FILED
Apr 21, 2009
Secretary of State

Entity Name: ADULT HEALTHCARE CORPORATION

Current Principal Place of Business:

1810 SE 16TH AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 771019
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 59-2895574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFFMAN, JAY E
6526 CENTRAL AVENUE
ST PETERSBURG, FL 33707 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: P () Delete
Name: JOHNSON, PEDER
Address: 3220 SE 20TH AVENUE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PEDER JOHNSON

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04/21/2009

Electronic Signature of Signing Officer or Director

Date