2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# M67406

Entity Name: ADULT HEALTHCARE CORPORATION

Current Principal Place of Business:

1810 SE 16TH AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

1805 SE 16TH AVE
SUITE 102
OCALA, FL 34471 US

Current Mailing Address:

PO BOX 771019
OCALA, FL 34477 US

New Mailing Address:

1805 SE 16TH AVE
SUITE 102
OCALA, FL 34471 US

FEI Number: 59-2895574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSEN, PEDER L
3220 SE 20TH AVE.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

JOHNSEN, PEDER L
1805 SE 16TH AVE SUITE 102
OCALA, FL 34471 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: PEDER JOHNSEN 04/27/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: JOHNSEN, PEDER
Address: 1805 SE 16TH AVE SUITE 102
City-St-Zip: OCALA, FL 34471

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: PEDER JOHNSEN P 04/27/2011
Electronic Signature of Signing Officer or Director Date