2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# N00000003332

Entity Name: FLORIDA CARE PROPERTIES, INC.

Current Principal Place of Business:

3575 PIEDMONT ROAD N.E., SUITE 930
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

15 PIEDMONT CENTER STE 930
3575 PIEDMONT RD NE
ATLANTA, GA 30305

New Mailing Address:

FEI Number: 58-2550002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONEY, FRANK E JR
445 EAST MACCLENNY AVENUE
MACCLENNY, FL 32063 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	( ) Delete
Name:	GROVE, GREGORY K	
Address:	1075 W. CONWAY DRIVE, N.W.	
City-St-Zip:	ATLANTA, GA 30327	
Title:	DVP	( ) Delete
Name:	WEISEL, ERIC I	
Address:	214 WEST MAIN STREET	
City-St-Zip:	BLOOMSBURG, PA 17815	
Title:	DVP	( ) Delete
Name:	BASS, C. WILLIS	
Address:	76 LAUREL FOREST CIRCLE	
City-St-Zip:	ATLANTA, GA 30342	
Title:	VP	( ) Delete
Name:	DELOZIER, ARTHUR C	
Address:	15 PIEDMONT CTR SUITE 930	
City-St-Zip:	ATLANTA, GA 30305	

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR C. DELOZIER VP 01/11/2007

Electronic Signature of Signing Officer or Director — Date