

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003332

FILED  
Jan 13, 2009  
Secretary of State

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 MACCLENNEY AVENUE  
MACCLENNEY, 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: 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:

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 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

01/13/2009

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

\_\_\_\_\_  
Date