2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004156

FILED Apr 29, 2008 Secretary of State

Entity Name: MEADOWVIEW PROGRESSIVE CARE II, INC. **Current Principal Place of Business: New Principal Place of Business:** 2331 WESTLAKE MIRAMAR CIRCLE MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** 2331 WESTLAKE MIRAMAR CIRCLE MIRAMAR, FL 33025 FEI Number: 65-1142051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIFFITH, FRANCIS 2331 WEST LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GRIFFITH, ETHA Name: Name: Address: 2331 W LAKE MIRAMAR CR Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: PD () Delete Title: () Change () Addition GRIFFITH, FRANCIS Name: Name: Address: 2331 W LAKE MIRAMAR CR Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: () Delete Title: () Change () Addition GRIFFITH, ETHA Name: Name: 2331 W LAKE MIRAMAR CR Address: Address: City-St-Zip: MIRAMAR, FL 33025 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: FRANCIS GRIFFITH PD 04/29/2008