2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N01000007798

Entity Name: DOUGLAS GARDENS HOME CARE, INC.

Current Principal Place of Business:

5200 NE 2 AVE
MIAMI, FL 331372706

New Principal Place of Business:

Current Mailing Address:

5200 NE 2 AVE
MIAMI, FL 331372706

New Mailing Address:

FEI Number: 65-1151478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CYPEN, STEPHEN H
777 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140 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: PD ( ) Delete
Name: BECK, HAROLD
Address: 5200 NE SECOND AVE.
City-St-Zip: MIAMI, FL 33137

Title: VPD ( ) Delete
Name: BRADY, DANIEL T PH.D
Address: 5200 NE SECOND AVE.
City-St-Zip: MIAMI, FL 33137

Title: STD ( ) Delete
Name: KNIGHT, MARK T
Address: 5200 NE 200 AVE
City-St-Zip: MIAMI, FL 33132

Title: D (X) Delete
Name: STOCK, FRED
Address: 5200 NE SECOND AVE
City-St-Zip: MIAMI, FL 33137

Title: D (X) Delete
Name: BRADLEY, KAREN A
Address: 5200 NE SECOND AVE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRADLEY, KAREN A
Address: 5200 N E SECOND AVENUE
City-St-Zip: MIAMI, FL 33137

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: OLGA LEWARS AM 04/24/2009

Electronic Signature of Signing Officer or Director — Date