2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N02000004842

Entity Name: PET CONTINUING CARE HOME, INC.

Current Principal Place of Business:

1509 RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573

New Principal Place of Business:

2026 NEW BEDFORD DRIVE
SUN CITY CENTER, FL 33573

Current Mailing Address:

1509 RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573

New Mailing Address:

2026 NEW BEDFORD DRIVE
SUN CITY CENTER, FL 33573

FEI Number: 02-0645047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RIETH, DAVID M ESQUIRE
1009 W CLEVELAND ST
TAMPA, FL 33606 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: PSD ( ) Delete
Name: ENCINOSA, BOB DVM
Address: 10931 BOYETTE RD
City-St-Zip: RIVERVIEW, FL 33569

Title: VD ( ) Delete
Name: FAIRCLOTH, SPENCER
Address: 2026 NEW BEDFORD DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD ( ) Delete
Name: PARKER, BEVERLY
Address: PO BOX 5231
City-St-Zip: SUN CITY CENTER, FL 33571

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: SPENCER FAIRCLOTH VP 05/01/2009
Electronic Signature of Signing Officer or Director — Date