2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N03000006660

Entity Name: PEOPLE CARE CENTER, INC.

Current Principal Place of Business:

595 N TROPIC LN UNIT C
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 7227
VERO BEACH, FL 32961 US

New Mailing Address:

FEI Number: 16-1668626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOTO, LOURDES M
595 N TROPIC LN UNIT C
VERO BEACH, FL 32960 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: SOTO, LOURDES M
Address: 595 N TROPIC LN UNIT C
City-St-Zip: VERO BEACH, FL 32960

Title: VP ( ) Delete
Name: KEENEY, YVONNE
Address: 1750 20TH AVE APT H-3
City-St-Zip: VERO BEACH, FL 32960

Title: SD (X) Delete
Name: OWENS, DANA
Address: 1630 20TH CT SW
City-St-Zip: VERO BEACH, FL 32962

Title: TD ( ) Delete
Name: LOMBARDI, ANNETTE
Address: 595 N. TROPIC LN UNIT C
City-St-Zip: VERO BEACH, FL 32960

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: ST (X) Change ( ) Addition
Name: LOMBARDI, ANNETTE
Address: 595 N. TROPIC LN UNIT C
City-St-Zip: VERO BEACH, FL 32960

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: LOURDES M SOTO PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date