

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# N08000000008

Entity Name: LIFECARE AMBASSADORS INC.

Current Principal Place of Business:

4413 AVENUE CANNES
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

4413 AVENUE CANNES
LUTZ, FL 33558

New Mailing Address:

FEI Number: 26-1745446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ROBERT A JR.
4413 AVENUE CANNES
LUTZ, FL 33558 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: D () Delete
Name: MARTINEZ, ROBERT A JR.
Address: 4413 AVENUE CANNES
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: DESLANDES, CHRISTINA
Address: 6068 3RD AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D () Delete
Name: LANGER, WARREN
Address: 1210 DEL WEBB BLVD. W
City-St-Zip: SUN CITY CENTER, FL 33573

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: ROBERT A MARTINEZ, JR.

D

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date