2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N08000001984

Entity Name: LIVING WELL HEALTHCARE CORP.

Current Principal Place of Business:

1838 RAVEN GLEN DRIVE
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

1838 RAVEN GLEN DRIVE
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 26-2056934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TINGLIN, CAROLYN C
1838 RAVEN GLEN DRIVE
RUSKIN, FL 33570 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:	CEO	( ) Delete
Name:	TINGLIN, CAROLYN C	
Address:	1838 RAVEN GLEN DRIVE	
City-St-Zip:	RUSKIN, FL 33570 US	
Title:	CAO	( ) Delete
Name:	NORTHOVER, KAREN E	
Address:	2697 63RD AVE SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33712	
Title:	FO	( ) Delete
Name:	BROWN, CHRIS M	
Address:	406 VINE CLIFF STREET	
City-St-Zip:	RUSKIN, FL 33570	
Title:	COO	(X) Delete
Name:	RICHARDS, DWIGHT A	
Address:	1838 RAVEN GLEN DRIVE	
City-St-Zip:	RUSKIN, FL 33570	

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:	( ) 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: CAROLYN C TINGLIN CEO 03/30/2009

Electronic Signature of Signing Officer or Director — Date