

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41822

FILED
Feb 16, 2009
Secretary of State

Entity Name: ELDER CARE OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

4026 NW 22ND DRIVE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

720 SW 2ND AVE,
360A
GAINESVILLE, FL 32601 US

Current Mailing Address:

720 SW 2ND AVE, STE 360A
GAINESVILLE, FL 32601 US

New Mailing Address:

720 SW 2ND AVE,
360A
GAINESVILLE, FL 32601 US

FEI Number: 59-3051104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVAL, CHARLES B
720 SW 2ND AVENUE, SUITE 360A
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

KOVAL, CHARLES B
720 SW 2ND AVENUE
360A
GAINESVILLE, FL 32601 US

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:

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: WARD, HARVEY
Address: P.O. BOX 118405
City-St-Zip: GAINESVILLE, FL 32611 US

Title: CD () Delete
Name: MARKHAM, JOHN
Address: 1001 SW 62ND BLVD.
City-St-Zip: GAINESVILLE, FL 32607 US

Title: SD () Delete
Name: CLARIZIO, ANTHONY
Address: 4026 NW 22ND DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: TD () Delete
Name: CARTER, DENNIS
Address: 1329 SW 16TH ST/BOX 100336
City-St-Zip: GAINESVILLE, FL 32610 US

Title: D () Delete
Name: EBERSOLE, BILL
Address: 5000 SW 25 BLVD, #1119
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: MCGANN, GREGORY
Address: 321 NE 8TH STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: WARD, HARVEY
Address: P.O. BOX 118405
City-St-Zip: GAINESVILLE, FL 32611 US

Title: VCD (X) Change () Addition
Name: PIREU, JEFF
Address: 3300 SW WILLISTON ROAD
City-St-Zip: GAINESVILLE, FL 32601 US

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: D (X) Change () Addition
Name: MCGANN, GREGORY
Address: 4001 NEWBERRY ROAD, SUITE E-2
City-St-Zip: GAINESVILLE, FL 32607

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: DENNIS CARTER

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02/16/2009

Electronic Signature of Signing Officer or Director

Date