

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51254

FILED
Apr 21, 2009
Secretary of State

Entity Name: RASCALS WILDLIFE CARE NETWORK, INC.

Current Principal Place of Business:

5120 SW 114 WAY
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

5120 SW 114 WAY
DAVIE, FL 33330 US

New Mailing Address:

5120 SW 114 WAY
FORT LAUDERDALE, FL 33330 US

FEI Number: 65-0379388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUX, BRENDA
5704 HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

CHANDLER, BARRY DR.
1613 N HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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: BARRY CHANDLER, M.D.

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MARTIN, BEATRICE
Address: 5120 SW 114 WAY
City-St-Zip: DAVIE, FL 33330

Title: PD () Delete
Name: CHANDLER, DEBRA
Address: 11750 SW 22ND CT
City-St-Zip: DAVIE, FL 33325

Title: VD () Delete
Name: HOFFMAN, ROBIN
Address: 5270 SW 21ST ST
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: SMITH, ANDREA
Address: 9040 NW 45 CT
City-St-Zip: SUNRISE, FL 33351

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: BEATRICE J. MARTIN

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date