

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003814

FILED
Apr 27, 2009
Secretary of State

Entity Name: PRESIDENTIAL CARE CORP.

Current Principal Place of Business:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Principal Place of Business:

Current Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Mailing Address:

FEI Number: 13-3852504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, BRIAN M ESQ
12027 WHITMARSH LANE
TAMPA, FL 33626 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: DP () Delete
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET, SUITE.200
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: CWIEK, WILLIAM W
Address: 10387 MAIN STREET, SUITE.200
City-St-Zip: FARIFAX, VA 22030

Title: D () Delete
Name: LEE, THOMAS K
Address: 10387 MAIN STREET, SUITE.200
City-St-Zip: FAIRFAX, VA 22030

Title: S () Delete
Name: PURDUM, JIM S
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

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: ROBERT P. HOSTLER

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date