

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001284

FILED
May 01, 2007
Secretary of State

Entity Name: MEADOWVIEW PROGRESSIVE CARE CORPORATION

Current Principal Place of Business:

19740 NW 32RD AVE
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

2331 W LAKE MIRAMAR CIR
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 65-0745189 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRIFFITH, ETHA
2331 W LAKE MIRAMAR CIR
MIRAMAR, FL 33025 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRIFFITH, ETHA
Address: 2331 W LAKE MIRAMAR CIR
City-St-Zip: MIRAMAR, FL 33025

Title: TD () Delete
Name: GRIFFITH, KIM
Address: 2331 W LAKE MIRAMAR CIR
City-St-Zip: MIRAMAR, FL 33025

Title: SD () Delete
Name: ETHA, GRIFFITH
Address: 2331 W LAKE MIRAMAR CIR
City-St-Zip: MIRAMAR, FL 33025

Title: AA () Delete
Name: GRIFFITH, FRANCIS
Address: 2331 W LAKE MIRAMAR CIR
City-St-Zip: MIRAMAR, FL 33025

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: ETHA GRIFFITH

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date