

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006420

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: ELEOS-THE CARE NETWORK, INC.

**Current Principal Place of Business:**

301 EAST PINE STREET  
SUITE 150  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 EAST PINE STREET  
SUITE 150  
ORLANDO, FL 32801 US

**New Mailing Address:**

FEI Number: 59-3530423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUKILL, JIM  
1067 WOODSON HAMMOCK CR  
WINTER GARDEN, FL 34787 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: ED ( ) Delete  
Name: HUKILL, JIM  
Address: 1067 WOODSON HAMMOCK CR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: T ( ) Delete  
Name: TEWARI, ROJER  
Address: 4449 LAKE CALABAY DR  
City-St-Zip: ORLANDO, FL 32837

Title: S ( ) Delete  
Name: HUKILL, RHONETTE  
Address: 1067 WOODSON HAMMOCK CR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VCD ( ) Delete  
Name: THERESE, SMYNTEK  
Address: 4700 MILLENIA BLVD SUITE 175  
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete  
Name: PENNY, HARRISON  
Address: 1137 HUGO DRIVE  
City-St-Zip: SALISBURY, NC 28146

Title: D ( ) Delete  
Name: GANDY, MARIA M  
Address: 3331 KING GEORGE DRIVE  
City-St-Zip: ORLANDO, FL 32835

**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:

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: RHONETTE HUKILL

Electronic Signature of Signing Officer or Director

SEC

01/28/2009

\_\_\_\_\_ Date