

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002329

FILED
Jan 22, 2009
Secretary of State

Entity Name: FAMILY EXTENDED CARE OF NAPLES, INC.

Current Principal Place of Business:

2700 WEST 81 STREET
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2700 WEST 81 STREET
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0910707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUSTIG, ROY R ESQ
ONE SE THIRD AVE
1210 SUNTRUST INTERN'L CENTRE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LUSTIG, ROY R ESQ
ONE SE THIRD AVE
1210
MIAMI, FL 33131 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:

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANIELLO, JOSEPH
Address: 2700 WEST 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: CD () Delete
Name: LUSTIG, ROY
Address: 1 SE 3 AVE, 1210 SUNTRUST INTERN'L CTR
City-St-Zip: MIAMI, FL 33016

Title: VCD () Delete
Name: GENTRY, RAY
Address: 264 LAURELWOOD
City-St-Zip: SAUTE NACOCHE, GA 30571

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI (X) Change () Addition
Name: SCHILLINGER, JACK
Address: 1225 NE 93 STREET
City-St-Zip: MIAMI, FL 33138

Title: VCHA (X) Change () Addition
Name: STEINHART, CRAIG
Address: 2501 NE 22 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: MEMB (X) Change () Addition
Name: BONCHICK, NORMAN
Address: 10743 ST. ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MEMB () Change (X) Addition
Name: GENTRY, RAY
Address: 264 LAURELWOOD
City-St-Zip: SAUTE NACOCHE, GA 30571

Title: MEMB () Change (X) Addition
Name: SPIVAK, RUTH
Address: 7290 KINGHURST DRIVE, #310
City-St-Zip: DELRAY BEACH, FL 33446

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: JOSEPH A. ANIELLO

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date