2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# N99000004231

Entity Name: GRACE OF GOD COMMUNITY REHABILITATION CENTER (CDC), INC.

Current Principal Place of Business:

11000 S.W. 216 STREET
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

11000 S.W. 216 STREET
MIAMI, FL 33170

New Mailing Address:

FEI Number: 31-1732774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSGROVE, JOHN F ESQ
18320 SW 97TH AVE
MIAMI, FL 33157 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: DC (X) Delete
Name: COATS, PATRICK D
Address: 12555 S.W. 219 STREET
City-St-Zip: MIAMI, FL 33170

Title: T ( ) Delete
Name: DU'RANT, WAYNE D SR.
Address: 15251 S.W. 177 TERRACE
City-St-Zip: MIAMI, FL 33187

Title: D ( ) Delete
Name: COATS, JAMES
Address: 11331 SW 176TH ST
City-St-Zip: MIAMI, FL 33157

Title: S ( ) Delete
Name: COATS, MARK
Address: 5910 SW 58TERRACE
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: ROBINSON, MARY
Address: 21502 SW 113TH AVENUE
City-St-Zip: GOULDS, FL 33170

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: DCS (X) Change ( ) Addition
Name: COATS, MARK
Address: 5910 SW 58TERRACE
City-St-Zip: MIAMI, FL 33143

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: WAYNE D DURANT T 10/19/2009

Electronic Signature of Signing Officer or Director — Date