2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# P01000098525

Entity Name: EXTENDED CARE, INC.

Current Principal Place of Business:

C/O TOM MARTIN
1821 SE CAMDEN STREET
PORT ST LUCIE, FL 34952

New Principal Place of Business:

C/O TOM MARTIN
1821 SE CAMDEN STREET
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

C/O TOM MARTIN
1821 SE CAMDEN STREET
PORT ST LUCIE, FL 34952

New Mailing Address:

C/O TOM MARTIN
1821 SE CAMDEN STREET
PORT ST LUCIE, FL 34952 US

FEI Number: 65-1154721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, TOM
1821 SE CAMDEN STREET
PORT ST LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MARTIN, TOM
Address: 1821 SE CAMDENSTREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM MARTIN P 04/27/2008
Electronic Signature of Signing Officer or Director Date