

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098525

Entity Name: EXTENDED CARE, INC.

FILED  
Apr 25, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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:

O'HEARN, JAMES J  
2466 NE 17TH COURT  
JENSEN BEACH BEACH, FL 34957 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: JAMES J O'HEARN

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MARTIN, TOM  
Address: 1821 SE CAMDEN STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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

PD

04/25/2009

Electronic Signature of Signing Officer or Director

Date