

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000077637

FILED
Apr 29, 2009
Secretary of State

Entity Name: WOODS HEALTHCARE GROUP, INC.

Current Principal Place of Business:

16 NORCROSS ST
STE 50-B
ROSWELL, GA 30075

New Principal Place of Business:

Current Mailing Address:

16 NORCROSS ST
STE 50-B
ROSWELL, GA 30075

New Mailing Address:

FEI Number: 35-2174932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILROY, JOHN F III
1435 E PIEDMONT DRIVE
STE 215
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

GILROY, JOHN F III
1695 METROPOLITAN CIRCLE
SUITE 2
TALLAHASSEE, FL 32308 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: FLORY, MARY LOU
Address: 16 NORCROSS ST, STE 50-B
City-St-Zip: ROSWELL, GA 30075

Title: CEO () Delete
Name: HAGAN, ROBERT W
Address: 16 NORCROSS ST STE 50-B
City-St-Zip: ROSWELL, GA 30075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ROBERT W. HAGAN

CEO

04/29/2009

Electronic Signature of Signing Officer or Director

Date