

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024839

FILED
Jan 05, 2007
Secretary of State

Entity Name: REGAL HEALTHCARE SERVICES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

503 LAKE LOUISE CIRCLE, STE 202
NAPLES, FL 34110

New Principal Place of Business:

503 LAKE LOUISE CIRCLE #202
NAPLES, FL 34110

Current Mailing Address:

PO BOX 1078
NAPLES, FL 34106

New Mailing Address:

FEI Number: 35-2197839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, JOSEPH P
503 LAKE LOUISE CIRCLE, STE 202
NAPLES, FL 34110 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: D () Delete
Name: MAGUIRE, JOSEPH P
Address: 503 LAKE LOUISE CIRCLE, STE 202
City-St-Zip: NAPLES, FL 34110

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 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: JOSEPH MAGUIRE

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date