2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# P03000024839

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

Current Principal Place of Business:

503 LAKE LOUISE CIRCLE #202
NAPLES, FL 34110

New Principal Place of Business:

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:

MAGUIRE, JOSEPH P
4592 KEY LARGO LN
BONITA SPRINGS, FL 34134 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: JOSEPH MAGUIRE 01/19/2009
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: D (X) Change ( ) Addition
Name: MAGUIRE, JOSEPH P
Address: 4592 KEY LARGO LN
City-St-Zip: BONITA SPRINGS, FL 34134

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: JOSEPH MAGUIRE D 01/19/2009
Electronic Signature of Signing Officer or Director Date