

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000024839

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**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:**

4592 KEY LARGO LN  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

PO BOX 1078  
NAPLES, FL 34106

**New Mailing Address:**

4592 KEY LARGO LN  
BONITA SPRINGS, FL 34134

**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  
4592 KEY LARGO LN  
BONITA SPRINGS, FL 34134 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  
Name: MAGUIRE, JOSEPH P  
Address: 4592 KEY LARGO LN  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH MAGUIRE

CEO

03/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date