


150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000116835

1. Entity Name
MORNINGSIDE CENTER, INC.



FILED
08 APR -1 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

C/O JAMES L. CASE C/O JAMES L. CASE
2810 EAST OAKLAND PARK BLVD., SUITE 102 2810 EAST OAKLAND PARK BLVD., SUITE 102
FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1073129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASE, JAMES L
2810 EAST OAKLAND PARK BLVD., SUITE 102
FORT LAUDERDALE, FL 33306

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, JAMES L 2810 EAST OAKLAND PARK BLVD., SUITE 102 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASE, JAMES L 2810 E. OAKLAND PARK BLVD., STE. 102 FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  James L. Case 3/18/08 954-563-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #