2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2011
Secretary of State

DOCUMENT# P03000127957

Entity Name: ELDERCARE FALL CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

1250 E. HALLANDALE BCH BLVD
SUITE 806
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 68
SPRING LAKE, NJ 07762

New Mailing Address:

FEI Number: 20-0537215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHWARTZ, DAVID C PH.D.
Address: 1250 E. HALLANDALE BCH. BLVD, SUITE 806
City-St-Zip: HALLANDALE BEACH, FL 33009

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: JULIE SALVI SVP 05/04/2011

Electronic Signature of Signing Officer or Director — Date