

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081169

Entity Name: RN GENTLE CARE INC

FILED  
Apr 28, 2007  
Secretary of State

## Current Principal Place of Business:

2470 NW 99 WAY  
SUNRISE, FL 33322 US

## New Principal Place of Business:

## Current Mailing Address:

2470 NW 99 WAY  
SUNRISE, FL 33322 US

## New Mailing Address:

11890 NW 3RD DRIVE  
CORAL SPRINGS, FL 33071 US

FEI Number: 20-1145046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GENOVA, PETER  
2470 NW 99TH WAY  
SUNRISE, FL 33322 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: P ( ) Delete  
Name: GENOVA, PETER L  
Address: 2470 NW 99 WAY  
City-St-Zip: SUNRISE, FL 33322 US

## 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 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: PETER L. GENOVA

P

04/28/2007

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

\_\_\_\_\_  
Date