

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166756

FILED
Apr 02, 2008
Secretary of State

Entity Name: REGAL CARE MANAGEMENT, INC.

Current Principal Place of Business:

16244 S MILITARY TRAIL - STE 450
DELRAY BEACH, FL 33484

New Principal Place of Business:

16244 S MILITARY TRAIL - STE 310-A
DELRAY BEACH, FL 33484

Current Mailing Address:

16244 S MILITARY TRAIL - STE 450
DELRAY BEACH, FL 33484

New Mailing Address:

16244 S MILITARY TRAIL - STE 310-A
DELRAY BEACH, FL 33484

FEI Number: 20-1994009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRE, FERAL
16244 S MILITARY TRAIL - STE 450
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

ANDRE, FERAL
16244 S MILITARY TRAIL - STE 310
DELRAY BEACH, FL 33484 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:

04/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ANDRE, FERAL
Address: 16244 S MILITARY TRAIL - STE 310-A
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP () Delete
Name: HENRY, ANGELA
Address: 16244 S MILITARY TRAIL - STE 450
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HENRY, ANGELA
Address: 16244 S MILITARY TRAIL - STE 310-A
City-St-Zip: DELRAY BEACH, FL 33484

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: FERAL ANDRE

PST

04/02/2008

Electronic Signature of Signing Officer or Director

Date