

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044020

Entity Name: REGAL FAMILY CARE, INC.

FILED
Feb 14, 2008
Secretary of State

Current Principal Place of Business:

1120 CITRUS TOWER RD STE 200
CLERMONT, FL 34711

New Principal Place of Business:

1120 CITRUS TOWER RD
SUITE 300
CLERMONT, FL 34711

Current Mailing Address:

1120 CITRUS TOWER RD STE 200
CLERMONT, FL 34711

New Mailing Address:

1120 CITRUS TOWER RD
SUITE 300
CLERMONT, FL 34711 US

FEI Number: 20-2593767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTERO, MANUEL A
1120 CITRUS TOWER BLVD.
STE. 200
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

OTERO, MANUEL A
1120 CITRUS TOWER BLVD.
STE. 300
CLERMONT, FL 34711 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:

02/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OTERO, NELLY
Address: 1120 CITRUS TOWER RD
City-St-Zip: SAINT CLOUD, FL 347714

Title: ST () Delete
Name: OTERO, MANUEL
Address: 1120 CITRUS TOWER RD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OTERO, NELLY A PRESIDE
Address: 1120 CITRUS TOWER RD. SUITE 300
City-St-Zip: CLERMONT, FL 34711

Title: ST (X) Change () Addition
Name: OTERO, MANUEL A SEC-TRE
Address: 1120 CITRUS TOWER RD SUITE 300
City-St-Zip: CLERMONT, FL 34711

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: MANUEL A. OTERO

SEC

02/14/2008

Electronic Signature of Signing Officer or Director

Date