

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044020

Entity Name: REGAL FAMILY CARE, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

1120 CITRUS TOWER RD  
SUITE 300  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

1120 CITRUS TOWER RD  
SUITE 300  
CLERMONT, FL 34711 US

## New Mailing Address:

P. O. BOX 2379  
MINNEOLA, FL 34755 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. 300  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

OTERO, NELLY 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: NELLY A OTERO

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NELLY A OTERO

DR

04/28/2009

Electronic Signature of Signing Officer or Director

Date