2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000084431

Entity Name: CONDOCARE OF PALM COAST, IT

FILED Jan 08, 2009 Secretary of State

| Entity Nam | ie: CONDO | CARE OF PALM COAST, INC. | | | |
|---|----------------|--------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal | Place of Business: | |
| 1000 CANOPY WALK LANE # 1021 PALM COAST, FL 32137 | | | | | |
| Current Ma | ailing Addre | ss: | New Mailing A | New Mailing Address: | |
| # 1021 | OPY WALK L | | | | |
| FEI Number: | 56-2520276 | FEI Number Applied For () | FEI Number Not Applicable | c () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Add | Name and Address of New Registered Agent: | |
| HAMPTON, JILL K 1000 CANOPY WALK LANE # 1021 PALM COAST, FL, FL 32137 US | | | 1000 CANÓPY ' # 1021 | HAMPTON, JILL K 1000 CANOPY WALK LANE # 1021 PALM COAST, FL 32137 US | |
| The above in the State | | submits this statement for the | ourpose of changing its req | gistered office or registered agent, or both, | |
| SIGNATURE: | | | | 01/08/2009 | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Cam | paign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CH | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | HAMPTON, JÌL | WALK LANE, #1021 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LINDEN-COX, | WALK LANE - #1021 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: JILL K HAMPTON PD 01/08/2009