## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000114590

EDEN CARE FACILITY, INC.



**FILED** Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90095 022 \*\*\*150.00

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11225 RABUN GAP DRIVE			Mailing Address 11225 RABUN GAP DRIVE NORTH FORT MYERS, FL 33917				ტუუფაფა					
Principal Place of Business - No P.O. Box # 3.			3.	i. Mailing Address								
Suite, Apt. #, etc.			- ;	Suite, Apt. #, etc.				01100007	Ch- D	CD2E0	24 (42/06)	
City & State			_	City & State				01102007 4. FEI Numb	Chg-P	CRZEU	34 (12/06)	plied For
								20-332		,	No	t Applicable
Zip Country			Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Curren	t Regis	tered Agent				7. Name and	d Address of New F	Registered A	Agent	
ALCE EDI	T7					Name						
ALCE, FRITZ 11225 RABUN GAP DRIVE NORTH FORT MYERS, FL 33917					Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Cod	Э
8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE_	Signature, typed	or printed name of registered ager	st and title	if applicable. (NOT	Registere	d Agent signature re	qured	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		<del></del>
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AND	D DIREC	CTORS	11.			ADDITIONS	/CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE .	DΡ			☐ Delete	TITL	E					☐ Change	☐ Addition
NAME			NAM	-								
STREET ADDRESS CITY-ST-ZIP		BUN GAP DRIVE ORT MYERS, FL 339	17			EET ADDRESS '-ST-ZIP						
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NAME	SUZIE, AL				NAM	·						
STREET ADDRESS CITY-ST-ZIP		BUN GAP DRIVE ORT MYERS, FL 339	117			EET ADDRESS -ST-ZIP						
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NAME					NAM						-	_
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CITY-ST-ZIP					CITY	'-ST-ZIP						i
12. I hereby o	certify that the	e information supplied wi	th this f	iling does not qualify for	r the ex	emptions conta	ained	d in Chapter 11	9, Florida Statutes.	I further cert	tify that the in	nformation

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR