

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104354

FILED
Apr 30, 2008
Secretary of State

Entity Name: ADCARE MEDICAL CENTERS, INC.

Current Principal Place of Business:

8388 S.W. 40 STREET
MIAMI, FL 33155

New Principal Place of Business:

5880 SW 27 STREET
MIAMI, FL 33155

Current Mailing Address:

8388 S.W. 40TH STREET
MIAMI, FL 33155

New Mailing Address:

5880 SW 27 STREET
MIAMI, FL 33155

FEI Number: 20-5378370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELIZ, ANA M
2655 LE JEUNE ROAD
PH 1-D
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DE LAMAR, LUIS
5880 SW 27 STREET
MIAMI, FL 33155 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: LUIS DE LAMAR

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DE LAMAR, LUIS
Address: 8388 S.W. 40TH STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: DE LAMAR, LUIS
Address: 5880 SW 27 STREET
City-St-Zip: MIAMI, FL 33155

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: LUIS DE LAMAR

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date