2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155708

Entity Name: LAURELWOOD CARE, INC

1417 IRONDALE ST

LEHIGH ACRES, FL 33936

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1903 MERCER AVE LEHIGH ACRES, FL 33972 **Current Mailing Address: New Mailing Address:** 1903 MERCER AVE LEHIGH ACRES, FL 33972 FEI Number: 20-8092955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEINER, SHAWN M 121 COOLIDGE AVE LEHIGH ACRES, FL 33936 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition STEINER, SHAWN M Name: Name: 121 COOLIDGE AVE Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: SADDLAR, CHERISE S 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: SHAWN STEINER P 05/01/2008