2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# P06000155708

Entity Name: LAURELWOOD CARE, INC

Current Principal Place of Business:

1903 MERCER AVE
LEHIGH ACRES, FL 33972

New Principal Place of Business:

Current Mailing Address:

1903 MERCER AVE
LEHIGH ACRES, FL 33972

New Mailing Address:

FEI Number: 20-8092955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEINER, SHAWN M
121 COOLIDGE AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

SADDLAR, CHERISE S PST
1417 IRONDALE ST
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: CHERISE SADDLAR 03/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SADDLAR, CHERISE S
Address: 1417 IRONDALE ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
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Title: ( ) Delete
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Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: SADDLAR, CHERISE S PST
Address: 1417 IRONDALE ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Change (X) Addition
Name: SADDLAR, DELROY H VP
Address: 1417 IRONDALE ST
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Change (X) Addition
Name: BLACKMORE, ANDRE VP
Address: 121 COOLIDGE AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: VP ( ) Change (X) Addition
Name: BLACKMORE, CORY A VP
Address: 1801 W 9TH ST
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP ( ) Change (X) Addition
Name: BLACKMORE, WINSOME P VP
Address: 1801 W 9TH ST
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VP ( ) Change (X) Addition
Name: BLACKMORE, MIKLOS O VP
Address: 1801 W 9TH ST
City-St-Zip: LEHIGH ACRES, FL 33972

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: CHERISE SADDLAR PST 03/22/2009
Electronic Signature of Signing Officer or Director Date