

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052876

Entity Name: PRIDE CARE CENTER, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

10875 OVERSEAS HIGHWAY
SUITE #110
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

10875 OVERSEAS HIGHWAY
SUITE #110
MARATHON, FL 33050

New Mailing Address:

FEI Number: 26-2709422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, NATALIA
10875 OVERSEAS HIGHWAY
SUITE #110
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, NATALIA
Address: 10877 OVERSEAS HIGHWAY SUITE #1
City-St-Zip: MARATHON, FL 33050

Title: VP () Delete
Name: CARDENAS, AIDA
Address: 10877 OVERSEAS HIGHWAY SUITE #1
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TORRES, NATALIA
Address: 10877 OVERSEAS HIGHWAY SUITE #110
City-St-Zip: MARATHON, FL 33050

Title: VP (X) Change () Addition
Name: CARDENAS, AIDA
Address: 10877 OVERSEAS HIGHWAY SUITE #110
City-St-Zip: MARATHON, FL 33050

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: AIDA CARDENAS

VP

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date