

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000073988

FILED
Feb 06, 2012
Secretary of State

Entity Name: PHOENIX EXTENDED CARE, INC.

Current Principal Place of Business:

6303 BLUE LAGOON DRIVE
#225
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

6303 BLUE LAGOON DRIVE
#225
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 27-3362574 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

APONTE, KATHERINE T
6303 BLUE LAGOON DRIVE
225
MIAMI, FL 33126 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

OFFICERS AND DIRECTORS:

Title: P,D
Name: BROOKS, STEVEN R
Address: 6303 BLUE LAGOON DRIVE, #225
City-St-Zip: MIAMI, FL 33126 US

Title: T,S
Name: APONTE, KATHERINE T
Address: 6303 BLUE LAGOON DRIVE, #225
City-St-Zip: MIAMI, FL 33126 US

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE T APONTE

ST

02/06/2012

Electronic Signature of Signing Officer or Director

Date