2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2012
Secretary of State

DOCUMENT# P11000059169

Entity Name: SW ARBOR CARE, INC.

Current Principal Place of Business:

6116 CR 561
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

6116 CR 561
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 45-2623701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ALEX
6116 CR 561
CLERMONT, FL 34714 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
Name: SMITH, ALEX
Address: 6116 SR 561
City-St-Zip: CLERMONT, FL 34714

Title: VP
Name: STRAUGH, MICHAEL
Address: 112 ALEXANDRIA AVE
City-St-Zip: MINNEOLA, FL 434751

Title: S
Name: SMITH, CHRISTOPHER
Address: 5960 COUNTY ROAD 561
City-St-Zip: CLERMONT, FL 34714

Title: CP
Name: CASHWELL, MICHAEL
Address: 9001 OTT WILLIAMS RD.
City-St-Zip: CLERMONT, FL 34711 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: ALEX SMITH PRES 05/24/2012

Electronic Signature of Signing Officer or Director — Date