2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# P94000087824

Entity Name: PUNTA GORDA ELDERLY CARE CENTER, INC.

Current Principal Place of Business:

2295 SHREVE ST.
PUNTA GORDA, FL 33950

New Principal Place of Business:

4511 S.E. HWY 31
ARCADIA, FL 34266

Current Mailing Address:

4511S.E. HWY. 31
ARCADIA, FL 34266

New Mailing Address:

4511S.E. HWY 31
ARCADIA, FL 34266

FEI Number: 65-0535765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILEMAN, GARY
110 SULLIVAN STREET
STE #111
PUNTA GORDA, FL 33950 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: DVPS
Name: MELTON, LORETTA J
Address: 4511 S.E. HWY. 31
City-St-Zip: ARCADIA, FL 34266 US

Title: DP
Name: MELTON, MICKEY G
Address: 4511 S.E. HWY. 31
City-St-Zip: ARCADIA, FL 34266 US

Title: DT
Name: MCLAREN, LISA
Address: 4357 S.E. HWY. 31
City-St-Zip: ARCADIA, FL 34266 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: MICKEY MELTON P 04/27/2011

Electronic Signature of Signing Officer or Director — Date