

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052136

FILED
Mar 26, 2009
Secretary of State

Entity Name: BAYSIDE CARE CENTER, INC.

Current Principal Place of Business:

3778 MAPLE GROVE CT
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

3778 MAPLE GROVE CT
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-3396181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ODU, STEPHEN
3832 LONG GROVE LANE
PORT ORANGE, FL 32129 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: ODU, STEPHEN
Address: 3832 LONG GROVE LANE
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: ODU, BEATRICE
Address: 3832 LONG GROVE LANE
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEPHEN ODU

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date