

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90037 041 \*\*\*150.00

**DOCUMENT # P97000065457**

1. Entity Name

CATNAP LIFE CARE CENTER, INC.



Principal Place of Business

1612  
2061 N.W. BOCA RATON BLVD  
SUITE 108 8  
BOCA RATON FL 33431 33432  
US

Mailing Address

1612  
2061 N.W. BOCA RATON BLVD  
SUITE 108 8  
BOCA RATON FL 33431 33432  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0838243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1612 N.W. BOCA RATON BLVD.

SUITE 8

City

BOCA RATON

FL

Zip Code

33432

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

John T. Morrison

(NOTE: Registered Agent signature required when reconstituting)

1-28-08

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME MORRISON, JOHN T  
STREET ADDRESS 6688 NW 62ND TERR.  
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MORRISON, BARBARA J  
STREET ADDRESS 6688 NW 62ND TERR.  
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John T. Morrison

John T. Morrison

1-28-08

(561) 391-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #