

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065457

FILED
Jan 06, 2009
Secretary of State

Entity Name: CATNAP LIFE CARE CENTER, INC.

Current Principal Place of Business:

2061 N.W. BOCA RATON BLVD
SUITE 108
BOCA RATON, FL 33431 US

Current Mailing Address:

2061 N.W. BOCA RATON BLVD
SUITE 108
BOCA RATON, FL 33431 US

New Principal Place of Business:

1612 N.W. BOCA RATON BLVD
SUITE 8
BOCA RATON, FL 33432 US

New Mailing Address:

1612 N.W. BOCA RATON BLVD
SUITE 8
BOCA RATON, FL 33432 US

FEI Number: 65-0838243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, JOHN T
1612 NW BOCA RATON BLVD
STE. 8
BOCA RATON, FL 33432 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: D () Delete
Name: MORRISON, JOHN T
Address: 6688 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: MORRISON, BARBARA J
Address: 6688 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MORRISON, JOHN T
Address: 6688 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067 US

Title: D (X) Change () Addition
Name: MORRISON, BARBARA J
Address: 6688 NW 62ND TERR.
City-St-Zip: PARKLAND, FL 33067 US

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: JOHN T. MORRISON

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date