2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: ADULT & GERIATRIC INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

1608 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 333345719 US

New Principal Place of Business:

Current Mailing Address:

1608 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 333345719 US

New Mailing Address:

FEI Number: 65-0795660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRUCHTMAN, IRA
1608 EAST COMMERCIAL BLVD
FT. LAUDERDALE, FL, FL 33334 US

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: IRA FRUCHTMAN 04/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MENCIA, ANDRES J M.D.
Address: 1608 EAST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 333345719

Title: VP ( ) Delete
Name: MENCIA, ROSEMARY
Address: 1608 E COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete
Name: PHAM, DINH H
Address: 1608 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ANDRES J. MENCIA, M.D. DP 04/30/2007
Electronic Signature of Signing Officer or Director Date