

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000106483

FILED
Aug 04, 2009
Secretary of State

Entity Name: CARING HEARTS PEDIATRIC EXTENDED CARE CENTER, INC.

Current Principal Place of Business:

9020 UNIVERSITY PRKY
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

949 2ND AVE NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0788082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEJERINA, GABRIEL
1251 FRANK WHITEMAN BLVD.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

TEJERINA, EMILY
949 2ND AVE N
NAPLES, FL 34102 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: EMILY TEJERINA

08/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TEJERINA, GABRIEL
Address: 949 2ND AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: V.P () Delete
Name: TEJERINA, BETTY
Address: 949 2ND AVENUE NORTH
City-St-Zip: NAPLES, FL 34102

Title: SECR () Delete
Name: HAMMONTREE, LINDA RN/BSN
Address: 9020 UNIVERSITY PARKWAY
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: V.P () Change (X) Addition
Name: TEJERINA, EMILY JD/MBA
Address: 949 2ND AVE. N
City-St-Zip: NAPLES, FL 34102

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: EMILY TEJERINA

V.P

08/04/2009

Electronic Signature of Signing Officer or Director

Date