2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106483

FILED Jan 05, 2010 Secretary of State

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

New Principal Place of Business: Current Principal Place of Business:

9020 UNIVERSITY PRKY PENSACOLA, FL 32514 US

Current Mailing Address: New Mailing Address:

2555 NORTHBROOKE PLAZA DRIVE 949 2ND AVE NORTH NAPLES, FL 34102 NAPLES, FL 34119 US

FEI Number: 65-0788082 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:

TEJERINA, EMILY TEJERINA, EMILY JD, MBA 2555 NORTHBROOKÉ PLAZA DRIVE 949 2ND AVE N

NAPLES, FL 34102 US NAPLES, FL 34119 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.

01/05/2010 SIGNATURE: EMILY TEJERINA

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

TEJERINA, GABRIEL Name:

2555 NORTHBROOKE PLAZA DRIVE Address:

City-St-Zip: NAPLES, FL 34119

Title: V P

Name: TEJERINA, BETTY

2555 NORTHBROOKE PLAZA DRIVE Address:

NAPLES, FL 34119 City-St-Zip:

Title: SECR

Title:

HAMMONTREE, LINDA RN\BSN Name: 9020 UNIVERSITY PARKWAY Address: City-St-Zip: PENSACOLA, FL 32514

TEJERINA, EMILY JD/MBA Name:

Address: 2555 NORTHBROOKE PLAZA DRIVE

City-St-Zip: NAPLES, FL 34119

V.P

I hereby 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 all other like empowered.

SIGNATURE: LINDA HAMMONTREE SECR 01/05/2010