2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 16, 2010
Secretary of State

DOCUMENT# P97000106483

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:

2555 NORTHBROOKE PLAZA DRIVE
NAPLES, FL 34119 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, EMILY JD,MBA
2555 NORTHBROOKE PLAZA DRIVE
NAPLES, FL 34119 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

OFFICERS AND DIRECTORS:

Title: P
Name: TEJERINA, GABRIEL
Address: 2555 NORTHBROOKE PLAZA DRIVE
City-St-Zip: NAPLES, FL 34119

Title: V.P
Name: TEJERINA, BETTY
Address: 2555 NORTHBROOKE PLAZA DRIVE
City-St-Zip: NAPLES, FL 34119

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

Title: V.P
Name: TEJERINA, EMILY JD, MBA
Address: 2555 NORTHBROOKE PLAZA DRIVE
City-St-Zip: NAPLES, FL 34119

Title: V.P
Name: TEJERINA, MICHELE PHARM.D
Address: 2555 NORTHBROOKE PLAZA DRIVE
City-St-Zip: NAPLES, FL 34119

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: EMILY TEJERINA V.P 09/16/2010

Electronic Signature of Signing Officer or Director Date