2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106483

FILED Feb 16, 2011 Secretary of State

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

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

9020 UNIVERSITY PRKY PENSACOLA, FL 32514 US

Current Mailing Address: New Mailing Address:

2555 NORTHBROOKE PLAZA DRIVE NAPLES, FL 34119 US

FEI Number: 65-0788082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TEJERINA, EMILY JD,MBA

2555 NORTHBROOKE PLAZA DRIVE
NAPLES, FL 34119 US

TEJERINA, GABRRIEL
2555 NORTHBROOKE PLAZA DRIVE
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.

SIGNATURE: GTEJERINA 02/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: I

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: BURCH, JONNIE RNC, MN Address: 9020 UNIVERSITY PRKY City-St-Zip: PENSACOLA, FL 32514

Title: TREA

Name: RIVERO, LOURDES T

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: GTJERINA P 02/16/2011