

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000106483

**FILED**  
**Nov 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2555 NORTHBROKKE PLAZA DRIVE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

2555 NORTHBROOKE PLAZA DRIVE  
NAPLES, FL 34119 US

**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 (X)**

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

TEJERINA, GABRIEL  
2555 NORTHBROOKE PLAZA DRIVE  
NAPLES, FL 34119 US

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

TEJERINA, BETTY  
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: BETTY TEJERINA

11/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: TREA  
Name: RIVERO, LOURDES T  
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: MICHELE TEJERINA WHEELER

VP

11/12/2012

Electronic Signature of Signing Officer or Director

Date