

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015236

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** CROSSROADS HEALTH CARE CENTER, INC.

**Current Principal Place of Business:**

635 PRIMERA BLVD  
101  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

635 PRIMERA BLVD  
101  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-3497522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RENAUD, MOJKA  
814 E. CHARING CROSS CIRCLE  
LAKE MARY, FL 32746 US

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

RENAUD, MOJKA  
2012 COURTYARD LOOP  
UNIT #106  
SANFORD, FL 32771 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: MOJKA RENAUD      04/25/2006  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:      PSTD      ( ) Delete  
Name:      RENAUD, MOJKA  
Address:      814 E. CHARING CROSS CIRCLE  
City-St-Zip:      LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      PSTD      (X) Change      ( ) Addition  
Name:      RENAUD, MOJKA  
Address:      2012 COURTYARD LOOP, UNIT #106  
City-St-Zip:      SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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: MOJKA RENAUD      P      04/25/2006  
Electronic Signature of Signing Officer or Director      Date