

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058696

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: EL PINAR CARE CENTER, INC.

## Current Principal Place of Business:

4652 BELVEDERE ROAD  
WEST PALM BEACH, FL 33415

## New Principal Place of Business:

## Current Mailing Address:

4652 BELVEDERE ROAD  
WEST PALM BEACH, FL 33415

## New Mailing Address:

FEI Number: 65-0930736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, MORISLAVA  
4652 BELVEDERE ROAD  
WEST PALM BEACH, FL 33415 US

## Name and Address of New Registered Agent:

FERNANDEZ, MIROSLAVA  
4652 BELVEDERE ROAD  
WEST PALM BEACH, FL 33415 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: MIROSLAVA FERNANDEZ

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FERNANDEZ, MIROSLAVA  
Address: 4652 BELVEDERE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD ( ) Delete  
Name: MUNOZ, MARIA DE LAS N  
Address: 4652 BELVEDERE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MIROSLAVA FERNANDEZ

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date