2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# P99000066356

Entity Name: LINDSAY'S ALTERNATIVE CARE, INC.

Current Principal Place of Business:

5783 NW 48TH DR.
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670416
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 60-0941751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDSAY, JOAN
6775 NW 108 AVE.
PARKLAND, FL 33076 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: A ( ) Delete
Name: LINDSAY, JOAN
Address: 6775 NW 108 AVE.
City-St-Zip: PARKLAND, FL 33076

Title: AA ( ) Delete
Name: ESMIE, EUDONIPHYR
Address: 10339 NW 52 STREET
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: JOAN LINDSAY P 03/29/2009

Electronic Signature of Signing Officer or Director Date