

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108275

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** WOODLANDS CARE CENTER OF ALACHUA COUNTY, INC.

**Current Principal Place of Business:**

7207 S.W. 24TH AVE.  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

6865 N. LINCOLN AVE.  
LINCOLNWOOD, IL 60712

**New Mailing Address:**

**FEI Number:** 59-3613649

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCorp SERVICES  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: P/D ( ) Delete  
Name: ESFORMES, MORRIS  
Address: 6865 N. LINCOLN AVE.  
City-St-Zip: LINCOLNWOOD, IL 60712

Title: VP/D ( ) Delete  
Name: ROBERTS, SIDNEY  
Address: 120 CHIPOLA AVE  
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: T/D (X) Change ( ) Addition  
Name: ROBERTS, SIDNEY  
Address: 120 CHIPOLA AVE  
City-St-Zip: DELAND, FL 32720

Title: S/D ( ) Change (X) Addition  
Name: ROBERTS, SIDNEY  
Address: 120 CHIPOLA AVE  
City-St-Zip: DELAND, FL 32720

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:** MORRIS ESFORMES

P/D

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date