2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

DOCUMENT# P99000108280

Entity Name: WOODLANDS CARE CENTER OF CITRUS COUNTY, INC.

Current Principal Place of Business:

124 W NORVELL BRYANT HWY
HERNANDO, FL 34442

New Principal Place of Business:

Current Mailing Address:

6865 N. LINCOLN AVE
LINCOLNWOOD, IL 60712

New Mailing Address:

FEI Number: 59-3613650 **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
LAXOHATCHEE, 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
Name: ESFORMES, MORRIS
Address: 6865 N. LINCOLN AVE
City-St-Zip: LINCOLNWOOD, IL 60712

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

Title: ST/D
Name: ROBERTS, SIDNEY
Address: 120 CHIPOLA AVE
City-St-Zip: DELAND, FL 32720

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: MORRIS ESFORMES PD 04/13/2010

Electronic Signature of Signing Officer or Director — Date