2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110131

City-St-Zip:

SARASOTA, FL 34231

Entity Name: NORTHWEST CARE CENTRE, INC.

FILED Apr 23, 2009 Secretary of State

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|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 802 71ST BRADENT | ST. N.W. ON, FL 3420 | 9 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 802 71ST BRADENT | ST. N.W. ON, FL 3420 | 9 | | | |
| FEI Number | : 65-0970098 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 1111 3RD | R, GREGORY AVE. W., STE ON, FL 3420 | E. 150 | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (MOORE, ETHE 802 71ST ST. BRADENTON, | N.W. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (MOORE, ELTO 6512 100TH S LAKEWOOD, V | T SW | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | GUCCIONE, JI |) Delete EREMIAH J EY PT RD #103 | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: ETHELENE B. MOORE PRES 04/23/2009