

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003858

Entity Name: MWG SENIOR HEALTHCARE, INC.**Current Principal Place of Business:**5722 I-55 N FRONTAGE RD
JACKSON, MS 39211**Current Mailing Address:**PO BOX 14067
JACKSON, MS 39236**FEI Number:** 20-4551000**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SHITE, DAVID R
Address	5722 I-55 N FRONTAGE RD
City-State-Zip:	JACKSON MS 39211

Title	VD
Name	MORGAN, JOHN J
Address	5722 I-55 N FRONTAGE RD
City-State-Zip:	JACKSON MS 39211

Title	STD
Name	EATON, RICHARD L
Address	5722 I-55 N FRONTAGE RD
City-State-Zip:	JACKSON MS 39211

Title	VD
Name	EATON, RYAN L
Address	5722 I-55 N FRONTAGE RD
City-State-Zip:	JACKSON MS 39211

Title	VD
Name	PEETS, JASON A
Address	5722 I-55 N FRONTAGE RD
City-State-Zip:	JACKSON MS 39211

Title	D
Name	DOUGLAS, JAMES K
Address	5722 I-55 N FRONTAGE RD
City-State-Zip:	JACKSON MS 39211

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: RICHARD EATON**SECRETARY****03/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date