## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000035106

SUNRISE, FL 33351

City-St-Zip:

Entity Name: OZARE CARE, INC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
			New Principal Place	or Business.
10597 N.W SUNRISE,	v. 53 ST. FL 33351			
Current M	lailing Addre	·sc·	New Mailing Address	<b>:</b>
	•			•
10597 N.W SUNRISE,	V. 53 ST. FL 33351			
FEI Number	: 65-1092691	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
SCHWED 10597 N.W SUNRISE,		US		
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( SCHWED, MII 10597 N.W. 5 SUNRISE, FL	3 ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	ST ( SCHWED, MII 10597 N.W. 5		Title: Name: Address:	( ) Change ( ) Addition

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: MINDY SCHWED PRES 03/23/2009