## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000029490

Entity Name: CARE HEALTH & WELLNESS CENTERS INC

FILED Mar 28, 2005 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
	57TH STREET C, FL 33321	US	8757 NW 57TH STREET TAMARAC, FL 33351	US	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
	RTH 44TH AVE DOD, FL 3302		8757 NW 57TH STREET TAMARAC, FL 33351	US	
FEI Number	: 20-0745310	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
	TTHEW J RTH 44TH AVE DOD,, FL 330:				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered of	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( SICA, MATTHE 1704 NORTH <sup>2</sup> HOLLYWOOD	4TH AVE	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	V ( SIDORSKY, AI 8803 PARADIS TAMARAC, FL	SE COURT	Title: ( ) Name: Address: City-St-Zip:	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MATTHEW SICA P 03/28/2005