

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055340

Entity Name: CAREPLUS PARTNERS, INC

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

3600 S. CONGRESS AVENUE, SUITE G  
BOYNTON BEACH, FL 33426

## New Principal Place of Business:

3600 S CONGRESS AVENUE  
BOYNTON BEACH, FL 33426

## Current Mailing Address:

3600 S. CONGRESS AVENUE, SUITE G  
BOYNTON BEACH, FL 33426

## New Mailing Address:

3600 S. CONGRESS AVENUE  
SUITE K  
BOYNTON BEACH, FL 33426

FEI Number: 20-0946323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLINGSHEAD, AGNES S ESQ.  
3600 S. CONGRESS AVENUE, SUITE G  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

HOLLINGSHEAD, AGNES S ESQ.  
3600 S CONGRESS AVENUE, SUITE K  
BOYNTON BEACH, FL 33426 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OSENGA, MARK  
Address: 5830 NE 6TH COURT  
City-St-Zip: MIAMI, FL 33137

Title: VPD ( ) Delete  
Name: WIGGINS, WANDA  
Address: 752 ARCADIAN WAY  
City-St-Zip: CHARLESTON, SC 29407

Title: SD ( ) Delete  
Name: ACQUAVIVA, TONY  
Address: 720 NE 38TH STREET  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WIGGINS, WANDA  
Address: 4971 SOUTH ISLAND DRIVE  
City-St-Zip: NORTH MYRTLE BEACH, SC 29582

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK OSENGA

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date