

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143080

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: CARECONNECT AMERICA, INCORPORATED

## Current Principal Place of Business:

19940 NE 23 AVE.  
N. MIAMI BEACH, FL 33180

## New Principal Place of Business:

340 MINORCA AVE  
SUITE #3  
CORAL GABLES, FL 33134

## Current Mailing Address:

19940 NE 23 AVE.  
N. MIAMI BEACH, FL 33180

## New Mailing Address:

340 MINORCA AVE  
SUITE #3  
CORAL GABLES, FL 33134

FEI Number: 59-3826619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENGEL, LESTER  
19940 NE 23 AVE.  
N. MIAMI BEACH, FL 33180 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ENGEL, MARC A.  
Address: 19940 NE 23 AVE.  
City-St-Zip: N. MIAMI BEACH, FL 33180

Title: STD ( ) Delete  
Name: ENGEL, LESTER  
Address: 19940 NE 23 AVE.  
City-St-Zip: N. MIAMI BEACH, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: ENGEL, MARC A.  
Address: 340 MINORCA AVE, SUITE #3  
City-St-Zip: CORAL GABLES, FL 33134

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 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: MARC A. ENGEL

DP

04/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date