

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000003114

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** COMPASSIONATE ELDERCARE, INC.

**Current Principal Place of Business:**

19850 BEACH ROAD  
APT 7B  
JUPITER, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**

19850 BEACH ROAD  
APT 7B  
JUPITER, FL 33469 US

**New Mailing Address:**

**FEI Number:** 27-1667170      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HEUWETTER, PAUL S  
19850 BEACH ROAD  
UNIT #7B  
JUPITER, FL 33469 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

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** HEUWETTER, PAUL S SR.  
**Address:** 19850 BEACH ROAD, APT. 7B  
**City-St-Zip:** JUPITER, FL 33469 US

**Title:** PS  
**Name:** HEUWETTER, EILEEN  
**Address:** 19850 BEACH ROAD, APT 7B  
**City-St-Zip:** JUPITER, FL 33469 US

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: PAUL S HEUWETTER

VP

01/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date