

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 037 ***150.00

DOCUMENT # P07000067007					
1. Entity Name FOSTER'S CARE MANAGEMENT SERVICES, INC.					
Principal Place of Business 1745 E. SILVER STAR RD. # 243 OCOEE, FL 34761 US			Mailing Address 1745 E. SILVER STAR RD. # 243 OCOEE, FL 34761 US		
2. Principal Place of Business - No P.O. Box # 3343 Atmore Terrace Suite, Apt. #, etc. 0		3. Mailing Address 1746 E. Silver Star Rd. Suite, Apt. #, etc. # 243		01312008 Chg-P CR2E034 (12/06)	
City & State Ocoee, Florida		City & State Ocoee, Fl. 34761		4. FEI Number 26-0349818	
Zip 34761		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, SANDRIA J 1745 E. SILVER STAR RD. 1746 E. Silver Star Rd. # 243 OCOEE, FL 34761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P/S NAME FOSTER, SANDRIA J STREET ADDRESS 3343 ATMORE TR. CITY - ST - ZIP OCOEE, FL 34761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP/T NAME FOSTER, EVERTON L STREET ADDRESS 3343 ATMORE TR. CITY - ST - ZIP OCOEE, FL 34761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Sandria J. Foster <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/2008 <small>Date</small> <small>Daytime Phone #</small>		