

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011184

Entity Name: CARE CONNECTIONS, INC.**Current Principal Place of Business:**8928 BRITTANY WAY
TAMPA, FL 33619**Current Mailing Address:**8928 BRITTANY WAY
TAMPA, FL 33619 US**FEI Number:** 20-2810644**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKAS, JOHN WJR
10150 HIGHLAND MANOR DR
#200
TAMPA, FL 33610 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|-------------------|
| Title | DIRECTOR |
| Name | MCINTYRE, BECKY |
| Address | 123 O'BERRY TRAIL |
| City-State-Zip: | SEBRING FL 33870 |

| | |
|-----------------|--------------------|
| Title | CEO |
| Name | MCHENRY, CHARLOTTE |
| Address | 8928 BRITTANY WAY |
| City-State-Zip: | TAMPA FL 33619 |

| | |
|-----------------|--------------------|
| Title | DIRECTOR |
| Name | GOODSON, GEORGIANA |
| Address | 2515 TROY AVENUE |
| City-State-Zip: | LAKELAND FL 33803 |

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | ROGOVIN, LORI |
| Address | 15012 MAURINE COVE LANE |
| City-State-Zip: | ODESSA FL 33556 |

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLOTTE MCHENRY

CEO

04/07/2021

Electronic Signature of Signing Officer/Director Detail

Date