

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011184

Entity Name: CARE CONNECTIONS, INC.

Current Principal Place of Business:

5905 BRECKENRIDGE PKWY
STE F
TAMPA, FL 33610-4239

Current Mailing Address:

5905 BRECKENRIDGE PKWY
STE F
TAMPA, FL 33610-4239

FEI Number: 20-2810644

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BAKAS, JOHN WJR
150 E BLOOMINGDALE AVENUE
BRANDON, FL 33511 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 PRES
Name HARRELL, CHERYL T
Address 8509 PARROTS LANDING
City-State-Zip: TAMPA FL 33647

Title VP
Name BOYCE, PATRICIA
Address 1335 ROBIN HOOD LANE, SOUTH
City-State-Zip: LAKELAND FL 33813

Title TREA
Name HEMNESS, EMMA
Address 205 NORTH PARSONS AVENUE
City-State-Zip: BRANDON FL 33510

Title SEC
Name KINSLER, CATHALENE
Address 601 OVERLAND DR
City-State-Zip: BRANDON FL 33511

Title CEO
Name KELLY, MAUREEN
Address 5905 BRECKENRIDGE PARKWAY
City-State-Zip: TAMPA FL 33610

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: MAUREEN KELLY

CEO

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date