

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007973

Entity Name: RS CARES FOUNDATION CORP.**Current Principal Place of Business:**1718 MAIN ST
SUITE 200A
SARASOTA, FL 34236**Current Mailing Address:**1718 MAIN ST
SUITE 200A
SARASOTA, FL 34236 US**FEI Number:** 45-3121507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKYWAY LAW GROUP, P.A.
5716 5TH AVE NORTH
ST. PETERSBURG, FL 33710 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:** NATALYA FILIPSKIY

03/02/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	MCNEAL, ED
Address	1718 MAIN ST SUITE 200A
City-State-Zip:	SARASOTA FL 34236

Title	PD
Name	FERNANDEZ , DAVID
Address	1718 MAIN ST SUITE 200A
City-State-Zip:	SARASOTA FL 34236

Title	SD
Name	TRAN, VALENTINA
Address	1718 MAIN ST SUITE 200A
City-State-Zip:	SARASOTA FL 34236

Title	CFO
Name	STASYUK, NATALYA
Address	1718 MAIN ST SUITE 200A
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	HEMPLE, VICKI
Address	1718 MAIN ST SUITE 200A
City-State-Zip:	SARASOTA FL 34236

Title	TD
Name	STASYUK, NATALYA
Address	1718 MAIN ST SUITE 200A
City-State-Zip:	SARASOTA FL 34236

Title	CEO
Name	CLARK, FREDERICK
Address	1718 MAIN ST SUITE 200A
City-State-Zip:	SARASOTA FL 34236

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: NATALYA STASYUK

CFO

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date