

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035106

Entity Name: OZARE CARE, INC

Current Principal Place of Business:

10597 N.W. 53 ST.
SUNRISE, FL 33351

Current Mailing Address:

10597 N.W. 53 ST.
SUNRISE, FL 33351

FEI Number: 65-1092691

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWED, MINDY
10597 N.W. 53 ST.
SUNRISE, FL 33351 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 P
Name SCHWED, MINDY S
Address 10597 N.W. 53 ST.
City-State-Zip: SUNRISE FL 33351

Title VP
Name MARK, JURGRAU I
Address 10597 N.W. 53 ST.
City-State-Zip: SUNRISE FL 33351

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: MARK JURGRAU

VP

05/02/2013

Electronic Signature of Signing Officer/Director Detail

Date