

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000097074

Entity Name: CAREVACATIONS CARIBBEAN PORTS MEDICAL INC.

Current Principal Place of Business:

3321 SOUTH ANDREWS AVENUE
26
FORT LAUDERDALE, FL 33316

Current Mailing Address:

3321 SOUTH ANDREWS AVENUE
26
FORT LAUDERDALE, FL 33316 US

FEI Number: 59-3760060

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIM, FRANTZ
3321 SOUTH ANDREWS AVENUE
26
FORT LAUDERDALE, FL 33316 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 STILWELL, DONALD
Address 3321 SOUTH ANDREWS AVENUE # 26

City-State-Zip: FORT LAUDERDALE FL 33316

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: DONALD STILWELL _____

PRESIDENT

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date