

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056347

Entity Name: CARE MANAGERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

320 WILSHIRE BOULEVARD
CASSELBERRY, FL 32707

Current Mailing Address:

320 WILSHIRE BOULEVARD
CASSELBERRY, FL 32707

FEI Number: 26-0260097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHYNOT, SANCHIA B
1214 E. ROBINSON STREET
ORLANDO, FL 32801 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 D
Name PRONOVOST, JANE
Address 320 WILSHIRE BOULEVARD
City-State-Zip: CASSELBERRY FL 32707

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: JANE A. PRONOVOST

PRESIDENT

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date