

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724296

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CARE FOUNDATION, INC.

**Current Principal Place of Business:**

2121 N. BAYSHORE DRIVE  
APT 1019  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

2121 N. BAYSHORE DRIVE  
APT 1019  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 23-7197385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOCHET, IRA  
2121 N. BAYSHORE DRIVE  
APT 1019  
MIAMI, FL 33137 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SOCHET, IRA  
Address: 2121 N. BAYSHORE DRIVE, APT 1019  
City-St-Zip: MIAMI, FL 33137

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: IRA SOCHET

PD

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date