

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005073

Entity Name: CAREGUIDE AT HOME, INC.

FILED  
May 04, 2009  
Secretary of State

## Current Principal Place of Business:

4401 NW 124 AVE  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

4401 NW 124 AVE  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 94-3291667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRAN, THOMAS  
Address: 4401 NW 124 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: PATERSON, CHRIS  
Address: 4401 NW 124 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete  
Name: BRAXL, KIM  
Address: 4401 NW 124 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CONDRON, MICHAEL J  
Address: 4401 NW 124 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D (X) Change ( ) Addition  
Name: HANNON, THOMAS J  
Address: 4401 NW 124 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIM BRAXL

S

05/04/2009

Electronic Signature of Signing Officer or Director

Date