

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90096 001 *1,650.00

DOCUMENT # F02000002862

1. Entity Name
CAREGIVERS OF FLORIDA (PINELLAS COUNTY), INC.



66430464



Principal Place of Business
**464-A PATRICIA AVENUE
DUNEDIN, FL 34698**

Mailing Address
**341 COOL SPRINGS BLVD., SUITE 120
FRANKLIN, TN 37067**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
03-0442371

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
SODERQUIST, ALAN L
341 COOL SPRINGS BLVD., SUITE 120
FRANKLIN, TN 37067**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
COLLINS, TERRY R
341 COOL SPRINGS BLVD., SUITE 120
FRANKLIN, TN 37067**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
Mauldin, Mike
341 Cool springs Blvd. ste 120
Franklin, TN 37067**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Michael Mauldin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 2004
Date

615-468-3502
Daytime Phone #

J. MICHAEL MAULDIN