


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90091 008 \*\*\*150.00

**DOCUMENT # F03000000271**

1. Entity Name  
 ALWAYS CARE BENEFITS, INC.



Principal Place of Business  
 7800 OFFICE PARK BLVD .  
 BATON ROUGE, LA 70809

Mailing Address  
 7800 OFFICE PARK BLVD .  
 BATON ROUGE, LA 70809

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 72-1146709

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

SANFORD, PAUL P  
 103 S. MONROE STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	STERNBERG, HANS J
STREET ADDRESS	7800 OFFICE PARK BLVD .
CITY - ST - ZIP	BATON ROUGE, LA 70809
TITLE	P
NAME	STERNBERG, ERICH
STREET ADDRESS	7800 OFFICE PARK BLVD .
CITY - ST - ZIP	BATON ROUGE, LA 70809
TITLE	ST
NAME	WILD, JEFFREY G
STREET ADDRESS	7800 OFFICE PARK BLVD .
CITY - ST - ZIP	BATON ROUGE, LA 70809
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jeffrey G Wild* **1/18/07 (225) 926-2888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #