

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # F03000000271

1. Entity Name
ALWAYSCARE BENEFITS, INC.



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

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



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1146709

Applied For
Not Applicable

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

6. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000784754
01/16/08-30068-007 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/2007

Date

825-926-2888

Daytime Phone #