

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000271

FILED
Apr 06, 2009
Secretary of State

Entity Name: ALWAYS CARE BENEFITS, INC.

Current Principal Place of Business:

7800 OFFICE PARK BLVD .
BATON ROUGE, LA 70809

New Principal Place of Business:

7800 OFFICE PARK BLVD .
BATON ROUGE, LA 708097603

Current Mailing Address:

7800 OFFICE PARK BLVD .
BATON ROUGE, LA 70809

New Mailing Address:

PO BOX 98100
BATON ROUGE, LA 708989100

FEI Number: 72-1146709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STERNBERG, HANS J
Address: 7800 OFFICE PARK BLVD .
City-St-Zip: BATON ROUGE, LA 70809

Title: P () Delete
Name: STERNBERG, ERICH
Address: 7800 OFFICE PARK BLVD .
City-St-Zip: BATON ROUGE, LA 70809

Title: ST () Delete
Name: WILD, JEFFREY G
Address: 7800 OFFICE PARK BLVD .
City-St-Zip: BATON ROUGE, LA 70809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JEFFREY G. WILD

CFO

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date