

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000271

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** ALWAYS CARE BENEFITS, INC.

**Current Principal Place of Business:**

8485 GOODWOOD BLVD.  
BATON ROUGE, LA 70806

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 98100  
BATON ROUGE, LA 708989100

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** STERNBERG, HANS J  
**Address:** 8485 GOODWOOD BLVD.  
**City-St-Zip:** BATON ROUGE, LA 70806

**Title:** P  
**Name:** STERNBERG, ERICH  
**Address:** 8485 GOODWOOD BLVD.  
**City-St-Zip:** BATON ROUGE, LA 70806

**Title:** ST  
**Name:** WILD, JEFFREY G  
**Address:** 8485 GOODWOOD BLVD.  
**City-St-Zip:** BATON ROUGE, LA 70806

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY G. WILD

CFO

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date