



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F07000003444</b>	
1. Entity Name <b>RESPCARE, INC.</b>	

Principal Place of Business <b>6601 LYONS ROAD #B1 COONUT CREEK, FL 33073</b>	Mailing Address <b>6601 LYONS ROAD #B1 COONUT CREEK, FL 33073</b>
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DO NOT WRITE IN THIS SPACE

	
01042008 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>76-0776901</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**LERNER, ALLAN M  
2888 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FL 33306**

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**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 \_\_\_\_\_

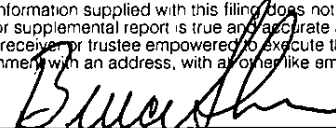
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000776148 01/09/08-80010-017 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, SHARA 6601 LYONS ROAD #B1 COONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHER, BRUCE 6601 LYONS ROAD #B1 COONUT CREEK, FL 33073
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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 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 a power like empowered.**

**SIGNATURE:**  **1-4-08 561-208-3776**

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