

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003444

Entity Name: RESPCARE, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6601 LYONS ROAD #B1-B4  
COONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6601 LYONS ROAD #B1-B4  
COONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 76-0776901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LERNER, ALLAN M  
2888 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FL 33306 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: P  
Name: HERNANDEZ, SHARA  
Address: 6601 LYONS ROAD #B1  
City-St-Zip: COONUT CREEK, FL 33073

Title: D  
Name: SHER, BRUCE  
Address: 6601 LYONS ROAD #B1  
City-St-Zip: COONUT CREEK, FL 33073

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: SHARA HERNANDEZ

P

04/11/2012

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

\_\_\_\_\_  
Date