

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004701

Entity Name: CENTURION CARES, INC.

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

**Current Principal Place of Business:**

720 BROOKER CREEK BLVD, STE 201  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

720 BROOKER CREEK BLVD, STE 201  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 39-1986798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WORMINGTON, JACK R CPT  
720 BROOKER CREEK BLVD, STE 201  
OLDSMAR, FL 34677 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: CPT  
Name: WORMINGTON, JACK R  
Address: 720 BROOKER CREEK BLVD, STE 201  
City-St-Zip: OLDSMAR, FL 34677

Title: VCV  
Name: WYSOCKI, LARRY V  
Address: 1605 MANHATTAN DRIVE  
City-St-Zip: WAUKESHA, WI 53186

Title: S  
Name: WYSOCKI, LARRY V  
Address: 1605 MANHATTAN DRIVE  
City-St-Zip: WAUKESHA, WI 53186

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: JACK R WORMINGTON

PRES

01/06/2011

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

\_\_\_\_\_  
Date