2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2011
Secretary of State

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Entity Name: CROSS POINTE CARE, INC.

Current Principal Place of Business:

4700 SHERIDAN STREET SUITE B
HOLLYWOOD, FL 33021

New Principal Place of Business:

4700 SHERIDAN STREET
SUITE B
HOLLYWOOD, FL 33021

Current Mailing Address:

4700 SHERIDAN STREET SUITE B
HOLLYWOOD, FL 33021

New Mailing Address:

4700 SHERIDAN STREET
SUITE B
HOLLYWOOD, FL 33021

FEI Number: 27-1566327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID AND JOSEPH P.L.
1001 BRICKELL BAY DRIVE SUITE 2002
MIAMI, FL 33131 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: D
Name: PLOURDE, JOYCE
Address: 4700 SHERIDAN STREET SUITE B
City-St-Zip: HOLLYWOOD, FL 33021

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: JOYCE PLOURDE D 04/11/2011

Electronic Signature of Signing Officer or Director Date