

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002953

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** CARING COMPANIONS, INC.

**Current Principal Place of Business:**

1779 HOLTON RD.  
LAKE LAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

1333 WAYNE ST.  
READING, PA 19601

**New Mailing Address:**

**FEI Number:** 56-2344988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PIPER, RUSSELL  
1779 HOLTON RD.  
LAKE LAND, FL 33810 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:** CV  
**Name:** PIPER, RUSSELL  
**Address:** 1333 WAYNE ST.  
**City-St-Zip:** READING, PA 19601

**Title:** VCPS  
**Name:** PIPER, LINDA  
**Address:** 1333 WAYNE ST.  
**City-St-Zip:** READING, PA 19601

**Title:** T  
**Name:** PIPER, LINDA  
**Address:** 1333 WAYNE ST.  
**City-St-Zip:** READING, PA 19601

**Title:** D  
**Name:** ALVAREZ, MARISOL  
**Address:** 1333 WAYNE ST.  
**City-St-Zip:** READING, PA 19601

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:** MARISOL ALVAREZ

D

01/11/2011

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

\_\_\_\_\_  
Date