

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22495

FILED
Jan 09, 2012
Secretary of State

Entity Name: CARE HEALTH SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

1800 FOREST HILL BLVD.,#B-1
W.PALM BCH., FL 33406

New Principal Place of Business:

Current Mailing Address:

1800 FOREST HILL BLVD.,#B-1
W.PALM BCH., FL 33406

New Mailing Address:

FEI Number: 59-2081894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, BILLIE J
1800 FOREST HILL BLVD STE B-1
W.PALM BCH., FL 33406 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: PD
Name: DAVIS, BILLIE J.
Address: 1800 FOREST HILL BLVD B-1
City-St-Zip: WEST PALM BEACH, FL 33406

Title: DST
Name: MURPHY, MARTIN
Address: 1800 FOREST HILL BLVD B-1
City-St-Zip: WEST PALM BEACH, FL 33406

Title: O
Name: HEALY, KENNETH
Address: 1800 FOREST HILL BLVD STE B-1
City-St-Zip: WEST PALM BEACH, FL 33406

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: MARTIN MURPHY

CFO

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date