

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90076 005 ***150.00

DOCUMENT # F98000001506

1. Entity Name
COMCARE, INC.



Principal Place of Business
2646 SW MAPP RD
SUITE 302
PALM CITY, FL 34990

Mailing Address
2646 SW MAPP RD
SUITE 302
PALM CITY, FL 34990

40107696



2. Principal Place of Business - No P.O. Box #
904 S.E. PRIMA VISTA BLVD

3. Mailing Address
904 S.E. PRIMA VISTA BLVD

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

05022007 Chg-P CR2E034 (12/06)

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

Zip
34952

Country
St. Lucie

Zip
34952

Country
St. Lucie

4. FEI Number
34-1851677

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RIETH, RONALD
2646 SW MAPP RD
SUITE 302
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name
WARREN K. TROWBRIDGE

Street Address (P.O. Box Number is Not Acceptable)
904 SE PRIMA VISTA BLVD

STE 200

City
Port St. Lucie

FL

Zip Code
34952

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **WARREN K. TROWBRIDGE** DATE **4-27-07**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDC RIETH, RONALD J 2646 SW MAPP RD, STE 302 PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBICED WARREN K. TROWBRIDGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 904 SE PRIMA VISTA BLVD / STE 200 Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ALTIERI, MARK P 35765 CHESTER RD AVON, OH 44011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREO/SEC MARY JO THIBOUT 904 SE PRIMA VISTA BLVD / STE 200 Port St. Lucie, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALTIERI, GERARD N 2646 SW MAPP RD, STE 302 PALM CITY, FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS WARREN K. TROWBRIDGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 904 SE PRIMA VISTA BLVD / STE 200 Port St. Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **WARREN K. TROWBRIDGE** DATE **04-27-07** DAYTIME PHONE # **866-317-0828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR