

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000001506**

1. Entity Name  
**COMCARE, INC.**



Principal Place of Business  
**904 S.E. PRIMA VISTA BLVD.  
SUITE 200  
PORT SAINT LUCIE, FL 34952**

Mailing Address  
**904 S.E. PRIMA VISTA BLVD.  
SUITE 200  
PORT SAINT LUCIE, FL 34952**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**TROWBRIDGE, WARREN K  
904 SE PRIMA VISTA BLVD  
SUITE 200  
PORT SAINT LUCIE, FL 34952**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOT  
TROWBRIDGE, WARREN K  
904 SE PRIMA VISTA BLVD STE 200  
PORT SAINT LUCIE, FL 34952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
THIBOULT, MARY JO  
904 SE PRIMA VISTA BLVD STE 200  
PORT SAINT LUCIE, FL 34952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000827210  
02/21/08-80081-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/8/08*

Date

Daytime Phone #