

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001506

Entity Name: COMCARE, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

7548 SOUTH US HIGHWAY 1
SUITE #116
PORT SAINT LUCIE, FL 34952

New Mailing Address:

7548 SOUTH US HIGHWAY 1
SUITE #116
PORT SAINT LUCIE, FL 34952

FEI Number: 34-1851677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TROWBRIDGE, WARREN K
7548 SOUTH US HIGHWAY 1
SUITE #116
PORT SAINT LUCIE, FL 34952 US

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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOT () Delete
Name: TROWBRIDGE, WARREN K
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PS (X) Delete
Name: THIBOULT, MARY JO
Address: 904 SE PRIMA VISTA BLVD STE 200
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: TROWBRIDGE, WARREN K
Address: 7548 SOUTH US HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WARREN K. TROWBRIDGE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date