

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F99000005483

1. Entity Name

CARE PROVIDER SERVICES, INC.



FILED

04 SEP 30 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (4/04)

Handwritten initials

Principal Place of Business
2401 PGA BLVD., SUITE 155
SUITE 158
PALM BEACH GARDENS FL 33410

Mailing Address
2401 PGA BLVD., SUITE 155
SUITE 158
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

2979 PGA Blvd.
Palm Beach Gardens, FL 33410

2979 PGA Blvd.
Palm Beach Gardens, FL 33410

4. FEI Number
58-2121980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, SANDRA L
2401 PGA BOULEVARD, SUITE #155
PALM BEACH GARDENS FL 33410

Name

Street Ad

Sandra Adams

2979 PGA Blvd.

City

Palm Beach Gardens, FL 33410

Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

PCD
FAGO, ELIZABETH M
2401 PGA BLVD SUITE #155
PALM BEACH GARDENS FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
FAGO, MARIAN
2401 PGA BLVD SUITE #155
PALM BEACH GARDENS FL 33410

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

ELIZABETH FAGO

8/31/04

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR