

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 27, 2007 8:00 am**  
**Secretary of State**

06-27-2007 90001 015 \*\*\*150.00

**DOCUMENT # F99000005483**

1. Entity Name

CARE PROVIDER SERVICES, INC.



Principal Place of Business

2979 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

Mailing Address

2979 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

40121300



06252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410

**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  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD FAGO, ELIZABETH M 2979 PGA BLVD. PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FAGO, MARIAN 2979 PGA BLVD. PALM BEACH GARDENS, FL 33410
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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/07 Set

Date

Daytime Phone #

MARIAN FAGO