2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 25, 2008
Secretary of State

DOCUMENT# F99000005483

Entity Name: CARE PROVIDER SERVICES, INC.

Current Principal Place of Business:

2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2979 PGA BLVD.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 58-2121980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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: RICARDO OROZCO 09/25/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: FAGO, ELIZABETH M
Address: 2979 PGA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S ( ) Delete
Name: FAGO, MARIAN
Address: 2979 PGA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change ( ) Addition
Name: STEIER, E. JOSEPH III
Address: 2979 PGA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: CFO (X) Change ( ) Addition
Name: HARRISON, JOHN
Address: 2979 PGA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Change (X) Addition
Name: ADAMS, SANDRA L
Address: 2979 PGA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: KIM ENGEL, CP, FRP AUTH 09/25/2008
Electronic Signature of Signing Officer or Director Date