

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006255

FILED  
Apr 19, 2004  
Secretary of State

Entity Name: CARE FOR ME, INC.

**Current Principal Place of Business:**

1111 KANE CONCOURSE  
SUITE 618  
BAY HARBOR, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111 KANE CONCOURSE  
SUITE 618  
BAY HARBOR, FL 33154

**New Mailing Address:**

FEI Number: 65-0949431      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONDSHINE, ROBERT B M.D.  
Address: 134 BAL BAY DRIVE  
City-St-Zip: BAL HARBOR, FL 33154

Title: VD ( ) Delete  
Name: MATZNER, GARY C  
Address: 201 SOUTH BISCAYNE BLVD. 22ND FLOOR  
City-St-Zip: MIAMI, FL 331314336

Title: STD ( ) Delete  
Name: MONDSHINE, LAUREL L  
Address: 134 BAL BAY DRIVE  
City-St-Zip: MIAMI, FL 33154

Title: D ( ) Delete  
Name: ROBERTS, CHARLES  
Address: 15645 COLLINS AVE STE 703  
City-St-Zip: MIAMI, FL 33160

Title: D ( ) Delete  
Name: USILTON, TOM  
Address: 16 HABERSHAM PARK  
City-St-Zip: ATLANTA, GA 30305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAUREL L. MONDSHINE

STD

04/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date