


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006255

1. Entity Name
CARE FOR ME, INC.



Principal Place of Business 1111 KANE CONCOURSE SUITE 618 BAY HARBOR, FL 33154	Mailing Address 1111 KANE CONCOURSE SUITE 618 BAY HARBOR, FL 33154
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02032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0949431	Applied For <input type="checkbox"/>	Not Applicat. <input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MONDSHINE, ROBERT B M.D. 134 BAL BAY DRIVE BAL HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD MATZNER, GARY C 201 SOUTH BISCAYNE BLVD. 22ND FLOOR MIAMI, FL 331314336
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD MONDSHINE, LAUREL L 134 BAL BAY DRIVE MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROBERTS, CHARLES 15645 COLLINS AVE STE 703 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D USILTON, TOM 16 HABERSHAM PARK ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 04/18/06-80066-020 158.75

**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]* 3/30/06