

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 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



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0949431

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$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 \_\_\_\_\_

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**  
**After May 1, 2007 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-ST-ZIP	PD MONDSHINE, ROBERT B M.D. 134 BAL BAY DRIVE BAL HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATZNER, GARY C 201 SOUTH BISCAYNE BLVD. 22ND FLOOR MIAMI, FL 331314336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONDSHINE, LAUREL L 134 BAL BAY DRIVE MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, CHARLES 15645 COLLINS AVE STE 703 MIAMI, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USILTON, TOM 16 HABERSHAM PARK ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000583546  
 01/12/07-80001-001 158.75

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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: *Laurel L. Mondshine* 1/9/07 305-867-1117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #