

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006255

Entity Name: CARE FOR ME, INC.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

1111 KANE CONCOURSE
SUITE 618
BAY HARBOR, FL 33154

New Principal Place of Business:

134 BAL BAY DRIVE
BAL HARBOUR, FL 33154

Current Mailing Address:

134 BAL BAY DRIVE
BAL HARBOUR, 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: ONE SE 3RD AV 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

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

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

Title: D (X) 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 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: LAUREL MONDSHINE

STD

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date