

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006255

FILED  
Feb 18, 2010  
Secretary of State

Entity Name: CARE FOR ME, INC.

**Current Principal Place of Business:**

134 BAL BAY DRIVE  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

**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  
Name: MONDSHINE, ROBERT B M.D.  
Address: 134 BAL BAY DRIVE  
City-St-Zip: BAL HARBOR, FL 33154

Title: VD  
Name: MATZNER, GARY C  
Address: ONE SE 3RD AV 25TH FLOOR  
City-St-Zip: MIAMI, FL 33131

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

I hereby 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 all other like empowered.

SIGNATURE: LAUREL L. MONDSHINE

STD

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date