

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H59858

Entity Name: SUS CARE, INC.

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1285 ORANGE AVE.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1285 ORANGE AVE.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 59-2550975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAY, CHARLES M  
1285 ORANGE AVENUE  
WINTER PARK, FL 32789 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCCUTCHEN, JOHN W M. D.  
Address: 1285 ORANGE AVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: STD  
Name: MUNSON, GREGORY O M.D.  
Address: 1285 ORANGE AVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VD  
Name: PAPA, JOHN A M.D.  
Address: 1285 ORANGE AVE  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VD  
Name: MINTZER, CRAIG M M.D.  
Address: 1285 ORANGE AVE  
City-St-Zip: WINTER PARK, FL 32789 US

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: JOHN W. MCCUTCHEN, M.D.

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03/04/2011

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

\_\_\_\_\_  
Date