2005 FOR PROFIT CORPORATION

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ANNUAL REPORT						Feb 24, 2005 08:00 A			
1. Entity Nar				Secretary of State					
COMPRI	EHENSIVE CH	ILD CARE ASS	OCIATES, P.A.						
•	ce of Business		Mailing Address	.					
943 S. BENEVA RD. PO BOX 4009 102 SARASOTA, FL 34230 US			c						
SARASOTA,	FL 34232 US		-DAIMSOTA, IL SAZSO U		 		FIEN FIEN FIEN E		
									
		** ***	Section Sectio						
Г	TON OC	WRITE	IN THIS SPA	CF	01252005	No Chg-P	CR2E034	<u> </u>	
_	0 1101				4. FEI Number 59-279			Applied For Not Applicable	
	· . = -		and the state of t	COMPANIE PROPERTY OF		of Status Desired		.75 Additional	
	6. Name and Ad	dress of Current Re	gistered Agent				Fer	Required	
FEATHERMAN, D SCOTT				- 13.00	indi <u>yan</u> nu	Antonios o processos de la companya		• •	
943 S BEI	NEVA RD				טַט	NOT W	RIIE	An et l'alber	
SUITE 102 SARASOTA, FL 34232				IN]	THIS SP	ACE	Land of Asia		
				a province in a	r de la companya de l	2. 8 2 4 4			
8. The above	named entity submit	s this statement for th	e purpose of changing its regist	ered office or register	ed agent, or bot	h, in the State of Flo	rida. I am fam	iliar with, and accept	
the obliga	tions of registered age	ent.							
SIGNATURE.	Signature, typed or printed r	name of registered agent and t	iție if applicable. (NOTE, Regist	ered Agent signature required	when reinstating)		DATE		
			9 Floation Compaign Fig.	and a					
	E NOW!!! FEE I ay 1, 2005 Fee		Election Campaign Fir Trust Fund Contributio		00 May Be ed to Fees				
10.	DPT	OFFICERS AND DIF	RECTORS		, 1,20		ولايليان والتهار		
title Name	FEATHERMAN,	D. SCOTT		The second of the second		Ser	,		
STREET ADDRESS CITY-ST-ZIP	943 S. BENEVA	RD, STE. 102				Unione	เกิสกับกาก		
TITLE	SARASOTA, FL						1240996 80026-0	11 150.00	
NAME	FEATHERMAN, I						es de la como		
STREET ADDRESS CITY-ST-ZIP	943 S. BENEVA I SARASOTA, FL	RD, STE. 102			1 4, #2 EM 1+3=0	And the second s	nggerian in a		
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CITY-ST-ZIP					DO	NOT W	RITE		
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CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·	_interesting to the control of		Taren	
TITLE NAME				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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CITY-ST-ZIP				Lagran de la companya		Carlos Carlos	er er e		
title Name				2m6 * c. Sporter per proc. A.	Ar Trackery			A STATE OF THE STA	
STREET ADDRESS				\$255.460.00	ا من المالية المناطقة المناطقة المناطقة المناطقة ال		***		

12. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

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SIGNATURE:

CITY-ST-ZIP

SCOTT TO FEATHERMAN OF SIGNING OFFICE OF DESIGN TO

2-8-04

955-5191

Daytime Phone #