


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90028 019 \*\*\*150.00

|   |  |   |
|---|--|---|
| <b>DOCUMENT # J96018</b>                    |  |  |
| 1. Entity Name<br><b>PRIVATE CARE, INC.</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br>4360 NORTHLAKE BLVD.<br>214<br>PALM BEACH GARDENS, FL 33410 US | Mailing Address<br>4360 NORTHLAKE BLVD.<br>214<br>PALM BEACH GARDENS, FL 33410 US |
|---|---|

|   |                                   |
|---|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>580 VILLAGE BLVD</b> | 3. Mailing Address<br><b>Same</b> |
|---|-----------------------------------|

|                                   |                     |
|-----------------------------------|---------------------|
| Suite, Apt. #, etc.<br><b>270</b> | Suite, Apt. #, etc. |
|-----------------------------------|---------------------|

|   |              |
|---|--------------|
| City & State<br><b>West Palm Beach FL</b> | City & State |
|---|--------------|

|                     |                       |     |         |
|---------------------|-----------------------|-----|---------|
| Zip<br><b>33409</b> | Country<br><b>USA</b> | Zip | Country |
|---------------------|-----------------------|-----|---------|

4010



04212007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0010487</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                     |  |
| LARKIN, MIMI K.<br>1 SHELDRAKE LANE<br>PALM BEACH GARDENS, FL 33418 |  |

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

|   |                      |
|---|----------------------|
| 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: <i>Mimi Larkin</i>   | DATE: <i>4/30/07</i> |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                                      |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Delete |
| D LARKIN, MIMI K.<br>1 SHELDRAKE LANE<br>PALM BEACH GARDENS, FL |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|  |                                   |
|--|-----------------------------------|
| 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: <i>Mimi Larkin</i>  | DATE: <i>4/30/07</i> 561 684 2323 |