2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # L28818 1. Entity Name POLY CARE CORPORATION Principal Place of Business Mailing Address 630 ANDERSON COURT **630 ANDERSON COURT** SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937

FILED Jan 17, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01092008 Applied For 4. FEI Number 59-2976869

5. Certificate of Status Desired

Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT G.

630 ANDERSON COURT SATELLITE BEACH, FL 32937			IN THIS SPACE			
	named entity submits this statement for the points of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable (NOTE, Registered	Agent signaturi	e required when reinstaling)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		•
10.	OFFICERS AND DIRECT	CTORS		,		: .
NAME STREET ADDRESS CITY-ST-7IP	PIERCE, ROBERT G. 630 ANDERSON COURT SATELLITE BEACH, FL 32937					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIERCE, COLLEEN 630 ANDERSON COURT SATELLITE BEACH, FL 32937				000000786383 01/17/08-80066-002 15	50.00
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12. I hereby of indicated	entify that the information supplied with this formation on this report or supplemental report is true appreciation of the receiver of the second of the receiver of the second of the receiver of the second of the	ting does not qualify for the exer	nptions cor re shall hav	ntained in Chapter 11	9, Fiorida Statutes. I further certify tha ct as if made under oath; that I am an	t the information officer or director

changed, or on an attachment with an audress; with all other ke empowered.

SIGNATURE:

() RESIDENT