

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L68660

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** CAREMARC, AND ASSOCIATES CORPORATION

**Current Principal Place of Business:**

13707 NW 21 ST  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

13707 NW 21 ST  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** 65-0288922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHITTENDEN, CURTIS WAYNE  
13707 NW 21 ST  
PEMBROKE PINES, FL 33028 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: D  
Name: CHITTENDEN, CURTIS WAYNE  
Address: 13707 NW 21 ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D  
Name: CHITTENDEN, JOAN M.  
Address: 13707 NW 21 ST  
City-St-Zip: PEMBROKE, FL 33028

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: CURT W CHITTENDEN

D

03/29/2012

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

\_\_\_\_\_  
Date