

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008641

FILED
May 30, 2006
Secretary of State

Entity Name: THE GUARDIANSHIP CARE GROUP, INC.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.
5TH FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BLVD.
5TH FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 30-0043299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REISER, BARBARA
2199 PONCE DE LEON BLVD.
5TH FLOOR
CORAL GABLES, FL 33134 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 () Delete
Name: FINLAN, MARY
Address: 35 NW 19TH STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: MACFARLANE, MARCIA
Address: 846 NW 81ST AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: REISER, BARBARA
Address: 1401 TUNIS ST.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FINE, CAROL
Address: 1111 VENETIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GLAZER, DR. MELVIN J
Address: 2625 S.W. 3RD AVE.
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REISER, BARBARA
Address: 2199 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HERRIETTE, FOX
Address: 2625 S.W. 3RD AVE.
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA REISER

D

05/30/2006

Electronic Signature of Signing Officer or Director

_____ Date