

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# N01000008641

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 ( )  
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: 2199 PONCE DE LEON BLVD.  
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: HERRIETTE, FOX  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date