

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008641

FILED  
Apr 02, 2010  
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 ( )

**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  
Name: GOLDBERG, CHARLOTTE  
Address: 8111 SW 82 PLACE  
City-St-Zip: MIAMI, FL 33143

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

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

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

Title: D  
Name: FOX, HARRIETTE  
Address: 2625 S.W. 3RD AVE.  
City-St-Zip: MIAMI, FL 33129

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A. REISER

D

04/02/2010

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

\_\_\_\_\_  
Date