2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# N02000005683

Entity Name: CARELINK INTERNATIONAL, INC.

Current Principal Place of Business:

430 CENTER STREET
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

430 CENTER STREET
JUPITER, FL 33458

New Mailing Address:

FEI Number: 01-0724868 **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:

MAGGARD, RONALD B
430 CENTER STREET
JUPITER, FL 33458 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: MAGGARD, RONALD B
Address: 430 CENTER STREET
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: MAGGARD, FRANCES P
Address: 8143 SE CARLTON STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: BUSTAMANTE, HUGO
Address: 412 CENTER STREET
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: HILL, RONALD L
Address: 2607 NORFOLK STREET
City-St-Zip: HOPEWELL, VA 23860

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:

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: RONALD B MAGGARD DR 07/10/2008
Electronic Signature of Signing Officer or Director — Date