

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003769

FILED
Apr 21, 2011
Secretary of State

Entity Name: SOUTH FLORIDA CARES CORPORATION

Current Principal Place of Business:

POSTOFFICEBX 970544
COCONUT CREEK, FL 330970544 US

New Principal Place of Business:

Current Mailing Address:

POB 970544
COCONUT CREEK, FL 330970544 US

New Mailing Address:

FEI Number: 56-2424262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW CENTER OF THE GREATER PALM BEACHES, PA
201 SOUTH BISCAYNE BOULEVARD
SUITE 800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GARD, JAMES
1301 NE 43RD STREET
POMPANO BEACH, FL 33064 US

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: JAMES GARD

04/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: VOCI, TINA
Address: POB 970544
City-St-Zip: COCONUT CREEK, FL 330970544 US

Title: VP
Name: HENDERSON, JOHN
Address: 3534 NW 99 AVE, #43
City-St-Zip: SUNRISE, FL 33351 US

Title: T
Name: STEWART, KATHY
Address: 514 NE 19 ST.
City-St-Zip: WILTON MANORS, FL 33305 US

Title: D
Name: HUNSICKER, DARLA
Address: 23 BETHESDA PARK CIR.
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: TD
Name: ROOP, DUANE
Address: 180 YACHT CLUB WAY, #308
City-St-Zip: HYPOLUXO, FL 33462 US

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: TINA VOCI

PD

04/21/2011

Electronic Signature of Signing Officer or Director

Date