

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004254

FILED  
May 04, 2006  
Secretary of State

Entity Name: ALLIED CARE FOUNDATION, INC.

**Current Principal Place of Business:**

8708 SAN PABLO AVENUE  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

8708 SAN PABLO AVENUE  
NORTH PORT, FL 34287 US

**New Mailing Address:**

FEI Number: 16-1698941      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:**

**Name and Address of New Registered Agent:**

KHARITON, LARISSA  
8708 SAN PABLO AVENUE  
NORTH PORT, FL 34287 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KHARITON, LARISSA  
Address: 8708 SAN PABLO AVENUE  
City-St-Zip: NORTH PORT, FL 34287 US

Title: VP ( ) Delete  
Name: CLARK, JON  
Address: 1161 ORCHARD HEIGHTS DRIVE  
City-St-Zip: MAYFIELD HEIGHTS, OH 44124 US

Title: VP ( ) Delete  
Name: KHARITON, TATIANA  
Address: 5323 HIDDEN DOVE LANE, #302  
City-St-Zip: RALEIGH, NC 27606 US

**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:

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: LARISA KHARITON

P

05/04/2006

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

\_\_\_\_\_  
Date