

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004735

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** DARETOCARE INCORPORATED

**Current Principal Place of Business:**

700 PAUL RUSSELL ROAD  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

317 MABRY ST, APT 211  
TALLAHASSEE, FL 32304

**New Mailing Address:**

**FEI Number:** 27-2569550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAY, PAULA  
4062 FOUR OAKS BLVD  
TALLAHASSEE, FL 32311 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: EX.D  
Name: MCCLAIN, JODDIE  
Address: 317 MABRY ST. APT 211  
City-St-Zip: TALLAHASSEE, FL 32304

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: JODDIE T. MCCLAIN

EX.D

03/25/2011

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

\_\_\_\_\_  
Date