

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19919

FILED
Apr 02, 2009
Secretary of State

Entity Name: PRIVATE CARE ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 14629
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 63-0774917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD STREET
TALLAHASSEE, FL 32303 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: PD () Delete
Name: BENSMIHEN, JOSEPH
Address: 4700 NW 2ND AVE, STE 400
City-St-Zip: BOCA RATON, FL 33431

Title: SD () Delete
Name: STAHL, EDWARD
Address: 633 NE 167TH ST #815
City-St-Zip: N MIAMI BCH, FL 33162

Title: TD () Delete
Name: ANDERSON, DONOVAN
Address: 2605 WEST ATLANTIC AVE, STE 101-103B
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: UBER, GARY
Address: 8900 SE ROBWOYN STREET
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MARK, JAMES
Address: 3208-C E COLONIAL DRIVE, #250
City-St-Zip: ORLANDO, FL 32803

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: JOSEPH BENSMIHEN

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date