

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90081 026 ****61.25

JUUS1323



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0350873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # N45518

1. Entity Name
GUARDIANSHIP AND CASE MANAGEMENT SERVICES, INC.



Principal Place of Business 5555 BISCAYNE BLVD MIAMI, FL 33137 US	Mailing Address 5555 BISCAYNE BLVD MIAMI, FL 33137 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MESSER, MICHAEL E.
 5555 BISCAYNE BLVD
 MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLACHTER, DAVID 5555 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALAZAR, HELEN 5555 BISCAYNE BLVD. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GOLDSTEIN, JULIAN 5555 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael E Messer* **3/18/05** **305-759-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #