

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000098754

Entity Name: PASTORAL CARE, INC.

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

206 BRIARCLIFF LANE  
CARY, NC 27511 US

**New Principal Place of Business:**

**Current Mailing Address:**

206 BRIARCLIFF LANE  
CARY, NC 27511 US

**New Mailing Address:**

FEI Number: 65-1050518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHALNICK, ROBERT I REV  
206 BRIARCLIFF LANE  
CARY, FL 28511 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: V  
Name: CHALNICK, TERESA  
Address: 206 BRIARCLIFF LANE  
City-St-Zip: CARY, NC 27511

Title: P  
Name: CHALNICK, ROBERT I REV  
Address: 206 BRIARCLIFF LANE  
City-St-Zip: CARY, NC 27511

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT I CHALNICK

P

01/07/2011

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

\_\_\_\_\_  
Date