2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005
Secretary of State

DOCUMENT# P01000030966

Entity Name: CARE COORDINATORS, INC.

Current Principal Place of Business:

111 N.W. 183RD ST., #405
MIAMI, FL 33169

New Principal Place of Business:

18441 NW 2ND AVE
SUITE 320
MIAMI, FL 33169

Current Mailing Address:

111 N.W. 183RD ST., #405
MIAMI, FL 33169

New Mailing Address:

18441 NW 2ND AVENUE
SUITE 300
MIAMI, FL 33169

FEI Number: 01-0658814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, CAROL
111 N.W. 183RD ST., #405
MIAMI, FL 33169 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOHNSON, CAROL
Address: 8069 LAKE POINT COURT
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: RANGE, WILLA
Address: 3604 S.W. 165TH AVE.
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: MCKENZIE-FOSTER, SHELIA
Address: 16523 S.W. 36TH COURT
City-St-Zip: MIRAMAR, FL 33027

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 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 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 an address, with all other like empowered.

SIGNATURE: CAROL JOHNSON D 02/10/2005

Electronic Signature of Signing Officer or Director Date