

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045828

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** C. RYAN KRAMPITZ PINELLAS CARE SYSTEMS, INC.

**Current Principal Place of Business:**

1751 MISSISSIPPI AVE., NE  
SAINT PETERSBURG, FL 33703 US

**New Principal Place of Business:**

3919 1ST AVE NORTH  
SAINT PETERSBURG, FL 33713 US

**Current Mailing Address:**

1751 MISSISSIPPI AVE., NE  
SAINT PETERSBURG, FL 33703 US

**New Mailing Address:**

3919 1ST AVE NORTH  
SAINT PETERSBURG, FL 33713 US

FEI Number: 59-3718714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: PSTD  
Name: KRAMPITZ, CLARENCE R  
Address: 3919 1ST AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33703

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: CLARENCE KRAMPITZ

PSTD

02/15/2011

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

\_\_\_\_\_ Date