## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000051300

City-St-Zip:

WELLINGTON, FL 33414

Entity Name: FLORICARE REGISTRY AND SERVICES INC.

FILED Apr 20, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
	MILITARY TRL BEACH, FL 33					
Current Mailing Address:				New Mailing Addre	New Mailing Address:	
	MILITARY TRL BEACH, FL 33	484 US				
FEI Number:	65-1081308	FEI Number A	pplied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
PATRICK, LEXIMA 2860 BUCK RIDGE TRAIL LOXAHATCHEE, FL 33470 US					PATRICK, LEXIMA 782 CLYDESDALE DRIVE LOXAHATCHEE, FL 33470 US	
The above in the State	named entity s e of Florida.	submits this sta	atement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: PATRICK LEXIMA					04/20/2009	
Electronic Signature of Registered Agent				ent	Date	
Election Can	npaign Financing	g Trust Fund Cor	ntribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete CLAUDE, FERRER G 15701 CEDAR GROVE LANE WELLINGTON, FL 33414			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () LEXIMA, PATRI 15701 CEDAR WELLINGTON,	GROVE LANE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	P () CALIXTE, FLOR 15810 GLEN V			Title: Name: Address:	( ) Change ( ) Addition	

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

City-St-Zip:

SIGNATURE: PATRICK LEXIMA MR. 04/20/2009