

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112656

Entity Name: CORECARE ASSOCIATES, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

200 BUTLER STREET
SUITE 305
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

200 BUTLER STREET
SUITE 305
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1156218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDES, IAN
13387 DOUBLETREE CIR
WELLINGTON, FL 33414 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: PD () Delete
Name: CORDES, IAN L
Address: 200 BUTLER STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD () Delete
Name: CORDES, CHERYL R
Address: 200 BUTLER STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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.

SIGNATURE: ILC

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date