

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017531

Entity Name: CARE OPTIONS, INC.

FILED
Mar 27, 2004
Secretary of State

Current Principal Place of Business:

101 TIMBERLACHEN CIRCLE
#102
LAKE MARY, FL 327466124 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 952736
LAKE MARY, FL 327952736 US

New Mailing Address:

FEI Number: 43-1950998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENOVICH, JANE F
101 TIMBERLACHEN CIRCLE
102
LAKE MARY, FL 327466124 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: O () Delete
Name: KENOVICH, JANE F PRES
Address: 101 TIMBERLACHEN CIRCLE #102
City-St-Zip: LAKE MARY, FL 327466124 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JANE F. KENOVICH

PRES

03/27/2004

Electronic Signature of Signing Officer or Director

Date