

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047998

FILED
Mar 31, 2010
Secretary of State

Entity Name: TROPICARE HEALTH SYSTEMS, INCORPORATED

Current Principal Place of Business:

7752 66TH STREET
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

7752 66TH STREET
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 03-0441892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMER, PAULA K
1917 BROOKSTONE WAY
CLEARWATER, FL 33760 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: P
Name: BECKER, AMANDA E
Address: 5714 ORANGE ROAD
City-St-Zip: SEMINOLE, FL 33772

Title: V
Name: COMER, PAULA K
Address: 1917 BROOKSTONE WAY
City-St-Zip: CLEARWATER, FL 33760

Title: DS
Name: MASTERSON, VIVIAN B
Address: 1914 BROOKSTONE WAY
City-St-Zip: CLEARWATER, FL 33760

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: VIVIAN B. MASTERSON

DS

03/31/2010

Electronic Signature of Signing Officer or Director

Date