

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000083639

FILED
Jul 20, 2007
Secretary of State**Entity Name:** CAREFREE HEALTH SERVICES, INC.**Current Principal Place of Business:**115 AVENUE L
DELRAY BEACH, FL 33483**New Principal Place of Business:****Current Mailing Address:**115 AVENUE L
DELRAY BEACH, FL 33483**New Mailing Address:****FEI Number:** 75-3076581**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROTMAN, MARC
7000 W. PALMETTO PARK ROAD, STE 300
BOCA RATON, FL 33433 US**Name and Address of New Registered Agent:**BROTMAN, MARC C
621 N.W. 53RD STREET
SUITE 420
BOCA RATON, FL 334878241 US

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: MARC BROTMAN

07/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PCEO () Delete
Name: HEGEMAN, BRENDAN
Address: 4304 FRANCES DR
City-St-Zip: DELRAY BEACH, FL 33445**Title:** PCEO () Delete
Name: PANIK, THOMAS J
Address: 2321 SPANISH TRAIL
City-St-Zip: DELRAY BEACH, FL 33483**Title:** CFO () Delete
Name: CHANDLER, CATHERINE
Address: 1235 TORRENCE CIRCLE
City-St-Zip: DAVIDSON, NC 28036**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** SCOO (X) Change () Addition
Name: HEGEMAN, BRENDAN
Address: 4304 FRANCES DR
City-St-Zip: DELRAY BEACH, FL 33445**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: THOMAS J. PANIK

PCEO

07/20/2007

Electronic Signature of Signing Officer or Director

Date