

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000104060

Entity Name: 1ST CARE SERVICES, INC.

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8006 SW 29TH ST  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

8006 SW 29TH ST  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 16-1629664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEPHENS, CRAIG A  
8006 SW 29TH ST  
DAVIE, FL 33328 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: PT  
Name: STEPHENS, CRAIG A  
Address: 8006 SW 29TH ST  
City-St-Zip: DAVIE, FL 33328

Title: VP  
Name: STEPHENS, LEANNE M  
Address: 8006 SW 29TH ST  
City-St-Zip: DAVIE, FL 33328

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: CRAIG A STEPHENS

PT

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date