

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110317

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: CARE ONE OF FLORIDA INC.

## Current Principal Place of Business:

P.O. BOX 15495  
BROOKSVILLE, FL 346049998

## New Principal Place of Business:

13017 SPRING HILL DRIVE  
SPRING HILL, FL 34609

## Current Mailing Address:

P.O. BOX 15495  
BROOKSVILLE, FL 346049998

## New Mailing Address:

13017 SPRING HILL DRIVE  
SPRING HILL, FL 34609

FEI Number: 82-0569563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAVIANO, STACIE S  
5412 GOLDDUST ROAD  
SPRINGHILL, FL 34609 US

## Name and Address of New Registered Agent:

LAVIANO, STACIE S  
13017 SPRING HILL DRIVE  
SPRINGHILL, FL 34609 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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAVIANO, STACIE S  
Address: P.O. BOX 15495  
City-St-Zip: BROOKSVILLE, FL 346049998

Title: D ( ) Delete  
Name: LAVIANO, ANTHONY P  
Address: P.O. BOX 15495  
City-St-Zip: BROOKSVILLE, FL 346049998

## 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 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: STACIE LAVIANO, ARNP,MSN

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date