

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110317

Entity Name: CARE ONE OF FLORIDA INC.

FILED
Apr 29, 2004
Secretary of State

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 GOLDUST 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: D () Delete

Name: LAVIANO, ANTHONY P

Address: P.O. BOX 15495

City-St-Zip: BROOKSVILLE, FL 346049998

I hereby certify that the information supplied with this filing does not qualify 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