

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110317

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** CARE ONE OF FLORIDA INC.

**Current Principal Place of Business:**

1814 CR 48  
BUSHNELL, FL 33513

**New Principal Place of Business:**

497 MARINER BOULEVARD  
SPRING HILL, FL 34609

**Current Mailing Address:**

5412 GOLDDUST ROAD  
SPRING HILL, FL 34609

**New Mailing Address:**

497 MARINER BOULEVARD  
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:**

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: D ( ) Delete  
Name: LAVIANO, STACIE S  
Address: 5412 GOLDDUST ROAD  
City-St-Zip: SPRING HILL, FL 346049998

Title: D ( ) Delete  
Name: LAVIANO, ANTHONY P  
Address: 5412 GOLDDUST ROAD  
City-St-Zip: SPRING HILL, 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 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: STACIE LAVIANO

PRES

04/28/2006

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

\_\_\_\_\_  
Date