

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110317

FILED
Mar 04, 2011
Secretary of State

Entity Name: CARE ONE OF FLORIDA INC.

Current Principal Place of Business:

497 MARINER BOULEVARD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

497 MARINER BOULEVARD
SPRING HILL, FL 34609

New Mailing Address:

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
13047 FELLOWSHIP LANE
WEEKI WACHEE, FL 34614 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

OFFICERS AND DIRECTORS:

Title: D
Name: LAVIANO, STACIE S
Address: 13047 FELLOWSHIP LANE
City-St-Zip: WEEKI WACHEE, FL 34614

Title: D
Name: LAVIANO, ANTHONY P
Address: 13047 FELLOWSHIP LANE
City-St-Zip: WEEKI WACHEE, FL 34614

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: STACIE LAVIANO

D

03/04/2011

Electronic Signature of Signing Officer or Director

Date