

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133462

1. Entity Name
AVOCARE INC



Principal Place of Business
1865 BRICKELL AVENUE TH5
SUITE 1
MIAMI, FL 33129

Mailing Address
1865 BRICKELL AVENUE TH5
SUITE 1
MIAMI, FL 33129

FILED
May 14, 2008 08:00 AM
Secretary of State



05102008 No Chg-P CR2E034 (11/05)

4. FEI Number 82-0579338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UZCATEGUI, MARIA
1865 BRICKELL AVENUE TH5
SUITE 1
MIAMI, FL 33129

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent on this form

(NOTE: Registered Agent Signature required when filing this)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P READ, KAREN 1865 BRICKELL AVE TH-5 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP UZCATEGUI, MARIA 1865 BRICKELL AVE TH-5 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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06/04/08-80031-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/08