

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000015782

1. Entity Name
ENCOMPASS CARE, INC.



Principal Place of Business
**670 POINSETTIA RD.
BELLEAIR, FL 33756**

Mailing Address
**670 POINSETTIA RD.
BELLEAIR, FL 33756**



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0607588

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOOPE, THOMAS E
670 POINSETTIA RD.
BELLEAIR, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

6. 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 Thomas E. Loope
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

2/13/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

7. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOPE, THOMAS E 670 POINSETTIA RD. BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOPE, PETER J 670 POINSETTIA RD. BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOPE, WANDA B 670 POINSETTIA RD. BELLEAIR, FL 33756
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000000434952
02/25/06-80023-005 150.00

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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: Thomas E. Loope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 727.518.8899
Date Daytime Phone #