

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015782

Entity Name: ENCOMPASS CARE, INC.

FILED
Feb 21, 2011
Secretary of State

Current Principal Place of Business:

670 POINSETTIA RD.
BELLEAIR, FL 33756

New Principal Place of Business:

331 CLEVELAND STREET UNIT 705
#705
CLEARWATER, FL 33755

Current Mailing Address:

670 POINSETTIA RD.
BELLEAIR, FL 33756

New Mailing Address:

331 CLEVELAND STREET UNIT 705
CLEARWATER, FL 33755

FEI Number: 81-0607588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LOOPE, THOMAS E
331 CLEVELAND STREET UNIT 705
CLEARWATER, FL 33755 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:

02/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LOOPE, THOMAS E
Address: 331 CLEVELAND STREET UNIT 705
City-St-Zip: CLEARWATER, FL 33755

Title: D
Name: LOOPE, PETER J
Address: 331 CLEVELAND STREET UNIT 705
City-St-Zip: CLEARWATER, FL 33755

Title: D
Name: LOOPE, WANDA B
Address: 331 CLEVELAND STREET UNIT 705
City-St-Zip: CLEARWATER, FL 33755

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: THOMAS LOOPE

OWNE

02/21/2011

Electronic Signature of Signing Officer or Director

Date