

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 17, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000029107**

1. Entity Name  
**M AND D CARING, INC.**



Principal Place of Business  
**4200 HILLCREST DRIVE, APT. 312  
HOLLYWOOD, FL 33021**

Mailing Address  
**4200 HILLCREST DRIVE, APT. 312  
HOLLYWOOD, FL 33021**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**57-1157145** Applied For  
Not Applic.

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SMITH, PATRICIA M  
4200 HILLCREST DRIVE, APT. 312  
HOLLYWOOD, FL 33021**

**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 PATRICIA M Smith Patricia M Smith 1/14/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **SMITH, PATRICIA M**  
STREET ADDRESS **4200 HILLCREST DRIVE, APT. 312**  
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE  
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1100000389397  
01/20/06-80046-003 150.00

**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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M Smith Patricia M Smith 1/14/06 954-614-61  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #