


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P03000045095 1. Entity Name CARE ACCESS HEALTHCARE GROUP, INC. |  |
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| Principal Place of Business 801 E HALLANDALE BCH BLVD 200 HALLANDALE, FL 33009 | Mailing Address 801 E HALLANDALE BCH BLVD 200 HALLANDALE, FL 33009 |
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04142008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 56-2365905 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RODRIGUEZ, ALBERTO A 801 E HALLANDALE BCH BLVD 33009 HALLANDALE, FL 33009 |
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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000918861 05/13/08-80099-001 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGUEZ, ALBERTO A 801 E HALLANDALE BCH BLVD STE 200 HALLANDALE, FL 33009 |
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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:  **ALBERTO A. RODRIGUEZ** 4/18/08 305-214-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #