


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90210 007 ***150.00

DOCUMENT # P03000092566	
1. Entity Name CARING HEALTHCARE PROFESSIONALS, INC.	

Principal Place of Business 17900 N. BAY RD., 701 SUNNY ISLES, FL 33160	Mailing Address 17900 N. BAY RD., 701 SUNNY ISLES, FL 33160
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03192004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0170387	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent JOSEPH K. NOFIL, P.A. 3284 N. STATE RD. 7 LAUDERDALE LAKES, FL 33319		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ORLHAC, GINA 17900 N. BAY RD., 701 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GINA ORLHAC

4-7-04

Date

Daytime Phone #