


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90572 043 ***150.00

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

200

Principal Place of Business 17900 N. BAY RD., 701 SUNNY ISLES, FL 33160	Mailing Address 17900 N. BAY RD., 701 SUNNY ISLES, FL 33160
---	---

2. Principal Place of Business 2751 S. OCEAN DRIVE	3. Mailing Address 2751 S. OCEAN DRIVE
Suite, Apt. #, etc. 1803-S	Suite, Apt. #, etc. 1803-S
City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33019	Country USA



03302005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0170387

Applied For
Not Applicable

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, 2005 Fee will be \$550.00

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD JONATHAN ROSENTHAL 2751 S. OCEAN DRIVE #1803-S HOLLYWOOD FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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

4/13/05

305-467-6391

Date

Daytime Phone #