

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000107016

Entity Name: 88I CARE, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8710 W HILLSBOROUGH AVE  
#138  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8710 W HILLSBOROUGH AVE  
#138  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 51-0486317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, GERTRUDE H  
8710 W HILLSBOROUGH AVE  
#138  
TAMPA, FL 33615 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/SE  
Name: FOSTER, GERTRUDE H  
Address: 8710 W HILLSBOROUGH AVE #138  
City-St-Zip: TAMPA, FL 33615

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: GERTRUDE FOSTER

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date