## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P03000109937 1. Entity Name PREMIER CARE, INC. Principal Place of Business Mailing Address 4100 EVANS AVENUE 4100 EVANS AVENUE SUITE 20 FORT MYERS FL 33901 SUITE 20 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 77-0608855 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JANNIE M Street Address (P.O. Box Number is Not Acceptable) 4100 EVANS AVENUE SUITE 20 FORT MYERS FL 33901 City Zip Code FL 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE Delete TITLE ☐ Change ☐ Addition SMITH, JANNIE M NAME NAME U00000355926 STREET ADDRESS 4100 EVANS AVENUE, SUITE 20 STREET ADDRESS 05/04/05-80016-003 158.75 CITY-ST-ZIP FORT MYERS FL 33901 CITY-ST-ZIP Delete THE TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete Adding TATUE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-RP CHY-ST-ZIP TITLE Delete HILL Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ACORESS STREET ADDRESS CHY-ST-29 CITY-ST-ZIP TITLE ☐ Delete Change Addition | HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP

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 changed, or on an attachpent with an address; with all other like empowered

Jannie M. Smith 4/28/15

changed, or on an attachp

SIGNATURE:

**FILED**