

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111146

FILED
Jan 25, 2004
Secretary of State

Entity Name: COOPERATIVE CARE ASSOCIATES INC.

Current Principal Place of Business:

1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

7111 GULLOTTI PLACE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Mailing Address:

7111 GULLOTTI PLACE
PORT ST. LUCIE, FL 34952

FEI Number: 20-0294126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARINELLA, GAIL
1948 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Name and Address of New Registered Agent:

FARINELLA, GAIL
7111 GULLOTTI PLACE
PORT ST. LUCIE, FL 34952

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: GAIL FARINELLA

01/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARINELLA, GAIL
Address: 1948 SE PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GAIL FARINELLA

D

01/25/2004

Electronic Signature of Signing Officer or Director

Date