

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # 004000017306

1. Entity Name

COMM CARE INC



11 JUN 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

7350, S TAMiami TRl

3. Mailing Address

7350, S TAMiami TRl

CR2E034B (1/11)

Suite, Apt. #, etc.

#244

Suite, Apt. #, etc.

244

City & State

SARASOTA

City & State

SARASOTA

4. FEI Number

Applied For

Not Applicable

Zip

FL

Country

3421

Zip

FL

Country

3123

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MC OBEROI

Street Address (P.O. Box Number is Not Acceptable)

7350, S TAMiami TRl #244

City

SARASOTA

FL

Zip Code

34231

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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 if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

MC OBEROI
7350, S, TAMiami TRl #244
SARASOTA, FL 34231

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #