


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90487 001 \*\*\*317.50

<b>DOCUMENT # P04000148631</b>	
1. Entity Name LIBERTY CARE AGENCY, INC.	

Principal Place of Business 12261 152ND STREET NORTH JUPITER, FL 33478	Mailing Address 12261 152ND STREET NORTH JUPITER, FL 33478
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**DO NOT WRITE IN THIS SPACE**



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number <del>20-3885496</del> 33-1105980	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RITCHIE-GRIGGS, MARCIA  
12261 152ND STREET NORTH  
JUPITER, FL 33478

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RITCHIE-GRIGGS, MARCIA 12261 152ND STREET NORTH JUPITER, FL 33478
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**DO NOT WRITE  
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marcia Ritchie-Griggs 4/19/06 (561) 575-9532  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

66011316  
#P04000148631

12261 152<sup>nd</sup> Street North  
Jupiter, FL 33478  
(561) 575-9532

April 19, 2006

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

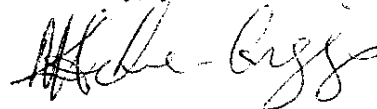
To Whom It May Concern:

I received a letter from the IRS regarding my FEI number. I was told originally by a staff from the IRS office to access this number via the Internet. When this number was assigned to me, I then transcribed it onto my corporation paperwork and submitted it to you. That number is 20-3865498.

The attached letter has now revealed that another number was also assigned to me. This new number was never revealed to me until the receipt of the attached letter. I am asking at this time that my FEI number be changed to reflect the new number, per the letter from the IRS office. The new number is 33-1105980. I am sorry for any inconvenience that this may have caused.

Thank you.

Sincerely,



Marcia Ritchie-Griggs



Department of the Treasury  
Internal Revenue Service

P.O. BOX 9003

HOLTSVILLE NY 11742-9003

ATTACHMENT

In reply refer to: 0132865368

Dec. 15, 2005 LTR 147C 0

33-1105980 000000 00 000

01946

BODC: SB

66011316  
# P04000148631

LIBERTY CARE AGENCY INC

12261 152ND ST N

JUPITER FL 33478-3558617



106524

Employer Identification Number: 33-1105980

Dear Taxpayer:

Thank you for the inquiry dated Dec. 01, 2005.

We found an Employer Identification Number for your entity on our system, therefore we will not be validating the EIN you applied for on our internet web site. Please use the following EIN already assigned to your entity: 33-1105980.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_