

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082334

Entity Name: CARECORP I, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1117 BLOOM HILL AVENUE  
VALRICO, FL 33596

**New Principal Place of Business:**

**Current Mailing Address:**

1117 BLOOM HILL AVENUE  
VALRICO, FL 33596

**New Mailing Address:**

FEI Number: 20-2957782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICKLE, UPTON E MR  
1117 BLOOM HILL AVE  
VALRICO, FL 33596 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  
Name: NICKLE, UPTON  
Address: 1117 BLOOM HILL AVENUE  
City-St-Zip: VALRICO, FL 33596

Title: S  
Name: OSBORNE-NICKLE, DARNETT  
Address: 1117 BLOOM HILL AVENUE  
City-St-Zip: VALRICO, FL 33596

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: UPTON NICKLE

P

04/29/2011

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

\_\_\_\_\_  
Date