



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2007 8:00 am
Secretary of State

07-23-2007 90035 023 ***150.00

DOCUMENT # P05000118548 1. Entity Name COMPASSION HEALTHCARE, INC.					
Principal Place of Business 463 AWIN CIR SE PALM BAY, FL 32909-8569			Mailing Address 463 AWIN CIR SE PALM BAY, FL 32909-8569		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number APPLIED FOR Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				66021624 	
6. Name and Address of Current Registered Agent MORENCY, MARTINO 463 AWIN CIR SE PALM BAY, FL 32909-8569				7. Name and Address of New Registered Agent Name MORENCY MARTINO Street Address (P.O. Box Number is Not Acceptable) 463 AWIN Circle SE City Palm Bay FL Zip Code 32909	
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 <i>[Signature]</i> DATE 8-10-07 <small>Sign here, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORENCY, MARTINO 463 AWIN CIR SE PALM BAY, FL 329098569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORENCY, MARIE R 463 AWIN CIR SE PALM BAY, FL 329098569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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 <i>[Signature]</i> DATE 8-10-07 <small>Signature and typed or printed name of signing officer or director. Date (Month/Day/Year)</small>		

ATTACHMENT

66021624

Registration Section
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Re: P05000118548- Annual Corporation Report

I am writing to let your office know that on May 1, 2007 around 2:33 PM I was filing my Annual Report on your website after updating all my corporation information your systems became frozen. I was unable to continue on the pay now notice. I had clicking and clicking the Pay now button in several times. I turned off the computer rebooted and restarted the computer the same thing happened. I have called my accountant. He could not get it either.

Your systems were down since May 01 2:35 PM to May 2 at 4:00 PM. Therefore, I am asking your office to waive the \$400:00 penalties for me. Please see the attached copies for more information.

Thank you for your corporation in this matter.

If should you have any questions regarding this letter feel free to call me at (321) 768-9848.

Sincerely,



Morency Martino President of Compassion HealthCare, Inc.



ATTACHMENT

66021624

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2007

COMPASSION HEALTHCARE, INC.
463 AWIN CIR SE
PALM BAY, FL 32909-8569

FEI Number

Subject: COMPASSION HEALTHCARE, INC.

-> 134307188

Reference Number: P05000118548

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/KH

ANNUAL REPORTS SECTION