

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-22-2006 90005 027 ***150.00

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1. Entity Name
ELEOS CARE, INC.



Principal Place of Business
2001 16TH STREET NORTH
ST. PETERSBURG, FL 33704

Mailing Address
2001 16TH STREET NORTH
ST. PETERSBURG, FL 33704

66007773



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3358236

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENSEN, PAUL C
2001 16TH STREET NORTH
ST. PETERSBURG, FL 33704

Name

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

City

FL

Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when retaining)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARDNER, THOMAS JAY
STREET ADDRESS 1105 SUNSET DRIVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME LLEWELLYN, AUSTIN S
STREET ADDRESS 25 TURTLE CREEK CIRCLE
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SNELL, JOHN W
STREET ADDRESS 2862 DEER RUN
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME GEMMA, FRANK L
STREET ADDRESS 14 HARBOR WOODS DRIVE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 person or persons 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 thereto, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 18, 06

Date

Daytime Phone