

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000025392

Entity Name: COMPANION CARE, INC.

FILED
Aug 06, 2009
Secretary of State

Current Principal Place of Business:

2000 55 AVENUE
VERO BEACH, FL 32966

New Principal Place of Business:

246 20 AVENUE
VERO BEACH, FL 32962

Current Mailing Address:

2000 55 AVENUE
VERO BEACH, FL 32966

New Mailing Address:

246 20 AVENUE
VERO BEACH, FL 32962

FEI Number: 51-0575241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIGEN, GLENN
2000 55 AVENUE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

FEIGEN, GLENN
246 20 AVENUE
VERO BEACH, FL 32962 US

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:

08/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: FEIGEN, GLENN
Address: 2000 55 AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: DVT () Delete
Name: FEIGEN, KIMBERLY D
Address: 2000 55 AVENUE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: FEIGEN, GLENN
Address: POB 650333
City-St-Zip: VERO BEACH, FL 32965 US

Title: DVT (X) Change () Addition
Name: FEIGEN, KIMBERLY D
Address: 246 20 AVENUE
City-St-Zip: VERO BEACH, FL 32965 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GLENN A. FEIGEN

P/D

08/06/2009

Electronic Signature of Signing Officer or Director

Date