2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P06000026981

Entity Name: PROCARE HOSPICECARE, INC.

Current Principal Place of Business:

3891 COMMERCE PARKWAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

3090 PREMIERE PKWY
100
DULUTH, GA 30097

New Mailing Address:

FEI Number: 20-4370237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WASSERSTROM, ELLEN ESQ.
GREENSPOON MARDER, P.A.
100 W. CYPRESS ROAD, SUITE 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

DRUCKER, STEVE ESQ.
3891 COMMERCE PARKWAY
MIRAMAR, FL 33025 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: STEVEN B. DRUCKER 04/01/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BURGESS, ROGER D
Address: 3891 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: SEC ( ) Delete
Name: BURGESS, BARBARA
Address: 3891 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: CFO ( ) Delete
Name: WATSON, BARBARA CFO
Address: 3090 PREMIERE PKWY SUITE 100
City-St-Zip: DULUTH, GA 30097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BARBARA WATSON CFO 04/01/2009
Electronic Signature of Signing Officer or Director Date