

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000027545

FILED
Aug 01, 2012
Secretary of State

Entity Name: COMMUNITY CARE PROVIDERS, INC.

Current Principal Place of Business:

10031 PINES BLVD
STE 106
PEMBROKE PINES, FL 33024

New Principal Place of Business:

10031 PINES BLVD
STE 105
PEMBROKE PINES, FL 33024

Current Mailing Address:

10031 PINES BLVD
STE 106
PEMBROKE PINES, FL 33024

New Mailing Address:

10031 PINES BLVD
STE 105
PEMBROKE PINES, FL 33024

FEI Number: 26-0136408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, FRANCISCO
18901 W OAKMONT DR
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

VALDES, FRANCISCO
18901 WEST OAKMONT DR
MIAMI, FL 33015 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: TATIANA VALDES.

08/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: VALDES, ADRIANA
Address: 10031 PINES BLVD STE 105
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P
Name: VAIDES, FRANCISCO
Address: 18901 WEST OAKMONT DR
City-St-Zip: MIAMI, FL 33015

Title: AT
Name: VALDES, FRANCISCO
Address: 18901 W OAKMONT DR
City-St-Zip: MIAMI, FL 33015

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: FRANCISCO VAIDES.

PD.

08/01/2012

Electronic Signature of Signing Officer or Director

Date