

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000037793

1. Entity Name  
T.R.C. CARE INC.



Principal Place of Business  
1151 PARK DRIVE  
FORT LAUDERDALE, FL 33312

Mailing Address  
1151 PARK DRIVE  
FORT LAUDERDALE, FL 33312

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
86-1165675

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CALDWELL, TASHAANA  
1151 PARK DRIVE  
FORT LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALDWELL, TASHAANA 1151 PARK DRIVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EBANKS, ROSEMARIE M 551 NW 37 AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TELFER, JOYCE 3510 NW 2 STREET FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMS, RASMAL A 551 NW 37 AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000954486  
07/14/08-80002-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/7/08