## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000037793

FILED Dec 17, 2009 Secretary of State

Entity Name: T.R.C. CARE INC. **Current Principal Place of Business: New Principal Place of Business:** 4400 WEST BROWARD BLVD. PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** 4400 WEST BROWARD BLVD. PLANTATION, FL 33317 FEI Number: 86-1165675 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALDWELL, TASHAANA 1151 PARK DRIVE FORT LAUDERDALE, FL 33312 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition CALDWELL, TASHAANA Name: Name: 4400 WEST BROWARD BLVD. Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: VD Title: () Delete (X) Change ( ) Addition Name: EBANKS, ROSEMARJE M Name: SPENCER, LEABERT D **551 NW 37 AVENUE** 4724 N W 2 PLACE Address: Address: FORT LAUDERDALE, FL 33311 PLANTATION, FL 33317 City-St-Zip: City-St-Zip:

Title: TD ( ) Delete TELFER, RELDA Name: 3510 NW 2 STREET Address: City-St-Zip: LAUDERHILL, FL 33311

Title: SD ( ) Delete WILLIAMS, RASMAL Name: Address: 3510 NW 2 STREET City-St-Zip: LAUDERHILL, FL 33311

CAMPBELL, ROCKEYA Name: Address: 1151 PARK DR City-St-Zip: FORT LAUDERDALE, FL 33312

FORT LAUDERDALE, FL 33317

LLOYD, HENRY

50 S W 31 AVE

TD

SD

(X) Change ( ) Addition

(X) Change ( ) Addition

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.

Title:

Name:

Title:

Address:

City-St-Zip:

SIGNATURE: TASHAANA CALDWELL PD 12/17/2009