

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90064 003 \*\*\*150.00

DOCUMENT # P06000063142

1. Entity Name

DONCARE HEALTH ASSOCIATES, INC.



Principal Place of Business

10220 REFLECTIONS BLVD. WEST  
SUITE 207  
SUNRISE FL 33351

Mailing Address

10220 REFLECTIONS BLVD. WEST  
SUITE 207  
SUNRISE FL 33351



2. Principal Place of Business - No P.O. Box #

10220 Reflections Blvd. W.

3. Mailing Address

Suite, Apt. #, etc.  
Same

Suite, Apt. #, etc.

City & State

Sunrise

City & State

Zip Country

Zip

FL

Country

Broward

Zip

33351

Country

4. FEI Number

20-4807278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BARON, KEITH D JD  
10200 REFLECTIONS BLVD.  
APARTMENT 104  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent's signature required when not applying)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOVE, KAREN L	
STREET ADDRESS	10220 REFLECTIONS BLVD. WEST - SUITE 207	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEISS, DONNA	
STREET ADDRESS	-2801 N.E. 183RD STREET, SUITE 1117	
CITY - ST - ZIP	AVENTURA FL 33160	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	BARON, KEITH D J.D.	
STREET ADDRESS	10200 REFLECTIONS BLVD. WEST - APT. 104	
CITY - ST - ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Love, Karen L.	name spelling correction
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Karen Love

Karen Love

3/19/07

954-2557091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #