

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063142

FILED
Sep 14, 2010
Secretary of State

Entity Name: DONCARE HEALTH ASSOCIATES, INC.

Current Principal Place of Business:

10220 REFLECTIONS BLVD. W.
SUITE 207
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10220 REFLECTIONS BLVD. W.
SUITE 207
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-4807278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P
Name: LOVE, CORAN L
Address: 10220 REFLECTIONS BLVD. WEST - SUITE 207
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: WEISS, DONNA
Address: -2801 N.E. 183RD STREET, SUITE 1117
City-St-Zip: AVENTURA, FL 33160

Title: DIR
Name: BARON, KEITH D J.D.
Address: 10200 REFLECTIONS BLVD. WEST - APT. 104
City-St-Zip: SUNRISE, FL 33351

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: CARAN LOVE

P

09/14/2010

Electronic Signature of Signing Officer or Director

Date