

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118721

FILED
May 01, 2008
Secretary of State

Entity Name: STAR SUPPORTED CARE, INC.

Current Principal Place of Business:

2707 JANE LANE
HILLIARD, FL 32046

New Principal Place of Business:

190 CAPELLA ROAD
ORANGE PARK, FL 32073

Current Mailing Address:

190 CAPELLA RD
ORANGE PARK, FL 32073

New Mailing Address:

190 CAPELLA ROAD
ORANGE PARK, FL 32073

FEI Number: 20-5729484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAISSON-DOHM, CHRISTINA C
2707 JANE LANE
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

CHAISSON, CHRISTINA C
190 CAPELLA ROAD
ORANGE PARK, FL 32073 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: CHRISTINA CHAISSON

05/01/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAISSON-DOHM, CHRISTINA C
Address: 2707 JANE LANE
City-St-Zip: HILLIARD, FL 32046

Title: D (X) Delete
Name: CHAISSON, JANIE
Address: 2707 JANE LANE
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: SOFGE, BENJAMIN C
Address: 2707 JANE LANE
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHAISSON-DOHM, CHRISTINA C
Address: 190 CAPELLA ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTINA CHAISSON-DOHM

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date