

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121297

**FILED**  
**Jul 13, 2007**  
**Secretary of State**

**Entity Name:** COMPASSIONATE ADULT CARE, INC.

**Current Principal Place of Business:**

14910 MYSTIC LAKES CIRCLE  
APT. 13205  
NAPLES, FL 34119

**New Principal Place of Business:**

2900 14TH STREET NORTH  
SUITE 56  
NAPLES, FL 34103

**Current Mailing Address:**

14910 MYSTIC LAKES CIRCLE  
APT. 13205  
NAPLES, FL 34119

**New Mailing Address:**

2900 14TH STREET NORTH  
SUITE 56  
NAPLES, FL 34103

**FEI Number:** 20-5589043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOSEPH K. NOFIL, P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 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

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: PSTD ( ) Delete  
Name: DORSAINT, PIERRE A  
Address: 14910 MYSTIC LAKES CIRCLE APT. 13204  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: DORSAINT, PIERRE A  
Address: 105 DORAL CIRCLE  
City-St-Zip: NAPLES, FL 34113

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: PIERRE A. DORSAINT

PSTD

07/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date