

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121297

FILED
Apr 16, 2009
Secretary of State

Entity Name: COMPASSIONATE ADULT CARE, INC.

Current Principal Place of Business:

2900 14TH STREET NORTH
SUITE 56
NAPLES, FL 34103

New Principal Place of Business:

2900 14TH STREET NORTH
SUITE 55
NAPLES, FL 34103

Current Mailing Address:

2900 14TH STREET NORTH
SUITE 56
NAPLES, FL 34103

New Mailing Address:

2900 14TH STREET NORTH
SUITE 55
NAPLES, FL 34103

FEI Number: 20-5589043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: P. DORSAINT

MR

04/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date