

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121297

FILED  
Jan 11, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2900 14TH STREET NORTH  
SUITE 55  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2900 14TH STREET NORTH  
SUITE 55  
NAPLES, FL 34103

**New Mailing Address:**

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            PRES  
Name:           DORSAINT, PIERRE A  
Address:        105 DORAL CIRCLE  
City-St-Zip:    NAPLES, FL 34113

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: PIERRE A. DORSAINT

PRES

01/11/2010

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

\_\_\_\_\_ Date