

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129162

Entity Name: COMBS CARE, INC.

FILED
Apr 06, 2012
Secretary of State

Current Principal Place of Business:

1001 3RD STREET NW
JASPER, FL 32052 US

New Principal Place of Business:

10418 NW 35TH TERRACE
JASPER, FL 32052 US

Current Mailing Address:

C/O 17103 SOUTH US HWY 441
LAKE CITY, FL 32024 US

New Mailing Address:

FEI Number: 20-5749162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLEK, ALINE E
17103 S. US HWY 441
LAKE CITY, FL 32024 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: PST
Name: COMBS, SANDRALENE
Address: P. O. BOX 1535
City-St-Zip: JASPER, FL 32052 US

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: SANDRALENE COMBS

PST

04/06/2012

Electronic Signature of Signing Officer or Director

Date