

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90381 004 \*\*\*150.00

**DOCUMENT # P07000032307**

1. Entity Name  
I CARE NURSING, INC.



Principal Place of Business  
6400 S.W. 22ND STREET  
MIRAMAR, FL 33023 US

Mailing Address  
6400 S.W. 22ND STREET  
MIRAMAR, FL 33023 US

40000000



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04152008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-8718272

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KOPEC, PATRICIA A  
6400 S.W. 22ND STREET  
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPEC, PATRICIA A 6400 S.W. 22ND STREET MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pati Kopec PROIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08 954-893-6782  
Date Daytime Phone #