

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000116018

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** CARE 4U HOME HEALTH AGENCY INC

**Current Principal Place of Business:**

2125 VICTORIA AVE  
STE. 3  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

2125 VICTORIA AVE  
STE. 3  
FORT MYERS, FL 33901 US

**New Mailing Address:**

**FEI Number:** 26-1289643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DELGADO-ALVAREZ, LAZARO  
3829 SW 17 AVE  
CAPE CORAL, FL 33914 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:** ADM  
**Name:** DELGADO ALVAREZ, LAZARO  
**Address:** 3829 SW 17 AVE  
**City-St-Zip:** CAPE CORAL, FL 33914 US

**Title:** P  
**Name:** RAYA, EDUARDO  
**Address:** 1030 NW 37 PL  
**City-St-Zip:** CAPE CORAL, FL 33993 US

**Title:** VP  
**Name:** RIVERTON, LINDSAYS  
**Address:** 516 SE 7TH AVE  
**City-St-Zip:** CAPE CORAL, FL 33990

**Title:** T  
**Name:** MENENDEZ, MERCEDES  
**Address:** 251 SW 30 RD  
**City-St-Zip:** MIAMI, FL 33129

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:** LAZARO DELGADO-ALVAREZ

ADM

01/28/2010

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

\_\_\_\_\_  
Date