

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000135047

**Entity Name:** CAROL'S CAREGIVERS, INC.

**FILED**  
**Nov 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2803 FRUITVILLE ROAD, STE 136  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5459 CREEPING HAMMOCK DR.  
SARASOTA, FL 34231

**New Mailing Address:**

2803 FRUITVILLE ROAD, STE 136  
SARASOTA, FL 34232

**FEI Number:** 26-1634005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARDIN, CAROL  
5459 CREEPING HAMMOCK DR.  
SARASOTA, FL 34231 US

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

MALO, IVONNE  
363 BOBBY JONES DR  
SARASOTA, FL 34232 US

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: IVONNE MALO

11/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MALO, IVONNE  
Address: 363 BOBBY JONES DR  
City-St-Zip: SARASOTA, FL 34232 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: IVONNE MALO

PRES

11/07/2012

Electronic Signature of Signing Officer or Director

Date