2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027025

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA CARE GIVERS ASSOCIATION INC.

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
9900 WEST SAMPLE ROAD, SUITE 300 CORAL SPRINGS, FL 33065				9900 WEST SAMPLE ROAD SUITE 300 CORAL SPRINGS, FL 33065			
Current Mailing Address:				New Mailing Address:			
9900 WEST SAMPLE ROAD, SUITE 300 CORAL SPRINGS, FL 33065				9900 W SAMPLE RD SUITE 300 CORAL SPRINGS, FL 33065			
FEI Number:	: 26-2128673	FEI Number Applied Fo	r() FEI Nui	mber Not Appl	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ROBINS, CORY S ESQ. 5876 SHEIDA STREET HOLLYWOOD, FL 33021 US				ROBINS, CORY S ESQ. 5876 SHEIDAN STREET HOLLYWOOD, FL 33021 US			
	named entity : e of Florida.	submits this statement	for the purpose o	of changing i	s registered offi	ce or registered agent, or both,	
SIGNATURE:				03/11/2009			
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financin	g Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	YOUNG, MITCH 9900 WEST SA CORAL SPRIN	AMPLE ROAD, SUITE 300		Title: Name: Address: City-St-Zip: Title:	YOUNG, MITCHE 9900 WEST SAM CORAL SPRINGS	PLE ROAD, SUITE 300	
Name: Address:	YOUNG, HARR			Name:	YOUNG, HARRIET		
Address: 9900 WEST SAMPLE ROAD, SUITE 300 City-St-Zip: CORAL SPRINGS, FL 33065				Address: City-St-Zip:	· · · · · · · · · · · · · · · · · · ·		
Title: Name: Address:	()) Delete		Title: Name: Address:	YOUNG, HARRIE	hange (Χ) Addition ΓΕ PLE ROAD, SUITE 300	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL SPRINGS, FL 3305

CORAL SPRINGS, FL 33065

YOUNG, MITCHEL L

() Change (X) Addition

9900 WEST SAMPLE ROAD, SUITE 300

TRES

SIGNATURE: MITCHEL L. YOUNG PT 03/11/2009