2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# P08000027025

Entity Name: FLORIDA CARE GIVERS ASSOCIATION INC.

Current Principal Place of Business:

9900 WEST SAMPLE ROAD
SUITE 300
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9900 W SAMPLE RD
SUITE 300
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-2128673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINS, CORY S ESQ.
3876 SHEIDAN STREET
HOLLYWOOD, FL 33021 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: PTD
Name: YOUNG, MITCHEL L
Address: 9900 WEST SAMPLE ROAD, SUITE 300
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPSD
Name: YOUNG, HARRIET E
Address: 9900 WEST SAMPLE ROAD, SUITE 300
City-St-Zip: CORAL SPRINGS, FL 33065

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: MITCHEL L. YOUNG PTD 04/19/2011

Electronic Signature of Signing Officer or Director Date