

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000041543

Entity Name: CONCENTRIC CARE INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

3101 37TH AVE NORTH SUITE A
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

803 VERONA STREET
STE CD
KISSIMMEE, FL 34741

Current Mailing Address:

3101 37TH AVE NORTH SUITE A
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 26-2472615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DPVP () Delete
Name: SEXTON, TONI
Address: 3101 37TH AVE NORTH SUITE A
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: ST () Delete
Name: SEXTON, TONI
Address: 3101 37TH AVE NORTH SUITE A
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TONI SEXTON

DPVP

01/07/2009

Electronic Signature of Signing Officer or Director

Date