

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063150

Entity Name: SAFECARE, INC.

FILED  
Apr 16, 2012  
Secretary of State

## Current Principal Place of Business:

548 MARY ESTHER CUT-OFF NW  
PMB 216  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

90 PALM BOULEVARD NORTH  
BOX 447  
NICEVILLE, FL 32588 US

## Current Mailing Address:

548 MARY ESTHER CUT-OFF NW  
PMB 216  
FORT WALTON BEACH, FL 32548

## New Mailing Address:

90 PALM BOULEVARD NORTH  
BOX 447  
NICEVILLE, FL 32588 US

FEI Number: 26-2917033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIPSH, WHITNEY L.  
1283 N. EGLIN PKWY, STE. A  
SHALIMAR, FL 32579 US

## Name and Address of New Registered Agent:

BROSNAN, JAMES R  
90 PALM BOULEVARD NORTH  
BOX 447  
NICEVILLE, FL 32588 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: JAMES R. BROSNAN

04/16/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP  
Name: BROSNAN, JAMES R  
Address: 90 PALM BOULEVARD NORTH  
City-St-Zip: NICEVILLE, FL 32588

Title: DS  
Name: SACHS, COLEMAN J  
Address: 77 HIDDEN COVE LANE  
City-St-Zip: VALPARAISO, FL 32580

Title: DV  
Name: BURNS, GAVIN  
Address: 90 PALM BOULEVARD NORTH  
City-St-Zip: NICEVILLE, FL 32588

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: JAMES R. BROSNAN

GM

04/16/2012

Electronic Signature of Signing Officer or Director

Date