

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096477

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** COMPLETE CARE BOOKKEEPING SERVICES, INC.

**Current Principal Place of Business:**

11035 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US

**New Principal Place of Business:**

11033 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US

**Current Mailing Address:**

11035 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US

**New Mailing Address:**

11033 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US

**FEI Number:** 26-3604954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEONE, RICK  
11035 SPRING HILL DRIVE  
SPRING HILL, FL 34608 US

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

ADORNO, CARMEN  
11033 SPRING HILL DRIVE  
SPRING HILL, FL 34608 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:** CARMEN ADORNO

04/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** ROTOLO, DIANE  
**Address:** 11033 SPRING HILL DRIVE  
**City-St-Zip:** SPRING HILL, FL 34608 US

**Title:** P  
**Name:** ADORNO, CARMEN  
**Address:** 11033 SPRING HILL DRIVE  
**City-St-Zip:** SPRING HILL, FL 34608 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:** CARMEN ADORNO

P

04/14/2011

Electronic Signature of Signing Officer or Director

Date