

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000106613

Entity Name: MIND CARE, INC.

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7673 SIERRA TERRACE W  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

7673 SIERRA TERRACE W  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 26-3843567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ABDO, DIANE  
7673 SIERRA TERRANCE W  
BOCA RATON, FL 33433 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: PRES  
Name: ABDO, DIANE  
Address: 7673 SIERRA TERRACE W  
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP  
Name: LAQUIDARA, ELIZABETH  
Address: 7577 SILVERWOODS CT.  
City-St-Zip: BOCA RATON, FL 33433 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: ELIZABETH LAQUIDARA

VP

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date