2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2012
Secretary of State

DOCUMENT# P09000075056

Entity Name: CARE ALTERNATIVES INC.

Current Principal Place of Business:

13359 NORTHWEST 16TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2929 E. COMMERCIAL BLVD.
SUITE 606
FT. LAUDERDALE, FL 33308

Current Mailing Address:

13359 NORTHWEST 16TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

2929 E. COMMERCIAL BLVD.
SUITE 606
FT. LAUDERDALE, FL 33308

FEI Number: 27-3880854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HELMSORIG, DENISE
13359 NW 16TH ST
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

HELMSORIG, DENISE
2929 E. COMMERCIAL BLVD.
SUITE 606
FT. LAUDERDALE, FL 33308 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: _____ 01/13/2012

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PS
Name: DENISE, HELMSORIG
Address: 2929 E. COMMERCIAL BLVD. SUITE 606
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: V
Name: HOGAN, MARGIE
Address: 2929 E. COMMERCIAL BLVD. SUITE 606
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: CFO
Name: LEE, CHRISTOPHER P
Address: 2929 E. COMMERCIAL BLVD. SUITE 606
City-St-Zip: FT. LAUDERDALE, FL 33308 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: DENISE HELMSORIG P 01/13/2012

Electronic Signature of Signing Officer or Director — Date