

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000092247

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** PHOENIX CARE SOLUTIONS INC.

**Current Principal Place of Business:**

1381 NW 13TH COURT  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 273266  
BOCA RATON, FL 33427

**New Mailing Address:**

**FEI Number:** 27-1241721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNDERWOOD, MARY A C.P.A.  
101 SOUTHEAST 6TH AVE. SUITE A  
DELRAY BEACH, FL 334835261 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:** P  
**Name:** HARRISON, MARY J  
**Address:** 1381 NW 13TH COURT  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** V  
**Name:** CHOINSKI, JEANNE  
**Address:** 21098 ESCONDIDO WAY  
**City-St-Zip:** BOCA RATON, FL 33433

**Title:** V  
**Name:** DACUS, DEBORAH  
**Address:** 5110 NE 29TH AVENUE  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064

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:** MARY J. HARRISON

PRES

03/15/2011

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

\_\_\_\_\_  
Date