

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000049682

Entity Name: SYMCARE, INC.

**FILED**  
**Sep 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14988 SW 33RD ST.  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

14988 SW 33RD ST.  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 27-2879645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHUCK MOGBO, P.A.  
2800 W. OAKLAND PARK BLVD., SUITE 209  
OAKLAND PARK, FL 33311 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: PD  
Name: LAWAL, DIMEJI  
Address: 14988 SW 33RD ST.  
City-St-Zip: WESTON, FL 33331

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: DIMEJI LAWAL

MGR

09/16/2011

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

\_\_\_\_\_  
Date