

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000055163

FILED
Apr 26, 2011
Secretary of State

Entity Name: GOOD CARE SERVICES, INC.

Current Principal Place of Business:

19390 COLLINS AVENUE
STE 324
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

19390 COLLINS AVENUE
STE PH2
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

19390 COLLINS AVENUE
STE 324
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

19390 COLLINS AVENUE
STE PH2
SUNNY ISLES BEACH, FL 33160

FEI Number: 27-2974864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHATKHIN, MIRA
19390 COLLINS AVENUE
STE 324
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

SHATKHIN, MIRA
19390 COLLINS AVENUE
STE PH2
SUNNY ISLES BEACH, FL 33160 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:

04/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: SHATKHIN, MIRA
Address: 19390 COLLINS AVENUE, STE PH2
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP
Name: SHATKHIN, MIRA
Address: 19390 COLLINS AVENUE, STE PH2
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: MIRA SHATKHIN

VP

04/26/2011

Electronic Signature of Signing Officer or Director

Date