2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P10000060506

Entity Name: COMPLETE CARE SYSTEMS INC.

Current Principal Place of Business:

1427 GALLBERRY CT.
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

1427 GALLBERRY CT.
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 27-3133909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STALTARE, JOSEPH
1427 GALLBERRY CT.
TRINITY, FL 34655 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, D
Name: STALTARE, JOSEPH
Address: 1427 GALLBERRY CT.
City-St-Zip: TRINITY, FL 34655 US

Title: S
Name: STALTARE, JOSEPH
Address: 1427 GALLBERRY CT.
City-St-Zip: TRINITY, FL 34655

Title: T
Name: STALTARE, PATRICIA
Address: 1427 GALLBERRY CT.
City-St-Zip: TRINITY, FL 34655 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: PATRICIA STALTARE MRS. 04/29/2011

Electronic Signature of Signing Officer or Director Date