

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075292

FILED
Feb 21, 2011
Secretary of State

Entity Name: SCHARFELD CARE SOLUTIONS, INC.

Current Principal Place of Business:

13769 LINDEN DR.
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

13769 LINDEN DR.
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 27-3473020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHARFELD, GLEN
4821 BARCHETTA DRIVE
LAND O'LAKES, FL 34639 US

Name and Address of New Registered Agent:

SCHARFELD, GLEN
4821 BARCHETTA DRIVE
LAND O LAKES, FL 34639 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:

02/21/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SCHARFELD, GLEN
Address: 13769 LINDEN DR.
City-St-Zip: SPRING HILL, FL 34609

Title: VP
Name: SCHARFELD, MICHELLE
Address: 13769 LINDEN DR.
City-St-Zip: SPRING HILL, FL 34609

Title: SEC
Name: SCHARFELD, MICHELLE
Address: 13769 LINDEN DR.
City-St-Zip: SPRING HILL, FL 34609

Title: TRE
Name: SCHARFELD, GLEN
Address: 13769 LINDEN DR.
City-St-Zip: SPRING HILL, FL 34609

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: GLEN SCHARFELD

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date