

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078031

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** LEE CARE INC.

**Current Principal Place of Business:**

4597 NW HWY 70  
ARCADIA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 52033  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 27-3522190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIDOVICH, IGOR  
4597 NW HWY 70  
ARCADIA, FL 34266 US

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

TOP REALTY GROUP OF FLORIDA LLC  
4597 NW HWY 70  
ARCADIA, FL 34266 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:** IGOR DAVIDOVICH

03/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** TOP REALTY GROUP OF FLORIDA LLC  
**Address:** PO BOX 52033  
**City-St-Zip:** SARASOTA, FL 34232

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:** IGOR DAVIDOVICH

PD

03/01/2011

Electronic Signature of Signing Officer or Director

Date