

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000011771

FILED
Feb 03, 2012
Secretary of State

Entity Name: SUPPORT CARE OPTIONS, INC.

Current Principal Place of Business:

10461 GIFFORD DRIVE
SPRING HILL, FL 34608 US

New Principal Place of Business:

1600 VILLA CAPRI CIRCLE #207
ODESSA, FL 33556 US

Current Mailing Address:

10461 GIFFORD DRIVE
SPRING HILL, FL 34608 US

New Mailing Address:

1600 VILLA CAPRI CIRCLE #207
ODESSA, FL 33556 US

FEI Number: 27-4787208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCINTOSH, NANCY M
10461 GIFFORD DR
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

MCINTOSH, NANCY M
1600 VILLA CAPRI CIRCLE #207
ODESSA, FL 33556 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: _____

Electronic Signature of Registered Agent

02/03/2012

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCINTOSH, NANCY M
Address: 1600 VILLA CAPRI CIRCLE #207
City-St-Zip: ODESSA, FL 33556

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: NANCY MCINTOSH

P

02/03/2012

Electronic Signature of Signing Officer or Director

Date