

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000051088

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** CAREGIVERS FAMILY INC.

**Current Principal Place of Business:**

695 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

695 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 32-0359820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIGGENS, BONITA  
669 FIRST AVENUE N  
ST. PETERSBURG, FL 33701 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: PD  
Name: GAYLOR, PAMELA R  
Address: 6000 2ND STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D  
Name: GAYLOR, FRANCIS H  
Address: 6000 2ND STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

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: PAMELA GAYLOR

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date