

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000092924

**FILED**  
**May 02, 2012**  
**Secretary of State**

**Entity Name:** CARING DOCTORS OF FLORIDA, INC.

**Current Principal Place of Business:**

430 S. DIXIE HWY  
SUITE #210  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

430 S. DIXIE HWY  
SUITE #210  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 45-3666702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** DTR  
**Name:** ZARRABIAN, TERESITA  
**Address:** 4751 NW 98TH PLACE  
**City-St-Zip:** MIAMI, FL 33178

**Title:** DTR  
**Name:** WIEBE, NORMA  
**Address:** 9845 SW 221 STREET  
**City-St-Zip:** CUTLER BAY, FL 33190

**Title:** DTR  
**Name:** ZARRABIAN, FARSHAD  
**Address:** 4751 NW 98TH PLACE  
**City-St-Zip:** MIAMI, FL 33178

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:** TERESITA ZARRABIAN

DTR

05/02/2012

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

\_\_\_\_\_  
Date