

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32224

FILED
Apr 26, 2006
Secretary of State

Entity Name: CAREINSTITUTE, INC.

Current Principal Place of Business:

204 S HOOVER BLVD
STE 200
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

204 S HOOVER BLVD
STE 200
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 95-3806570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: PD () Delete
Name: JOHNSON, MARY JANE
Address: 204 S HOOVER BLVD, STE 200
City-St-Zip: TAMPA, FL 33609

Title: CT () Delete
Name: LANDIS, ROBERT J
Address: 204 S HOOVER BLVD, STE 200
City-St-Zip: TAMPA, FL 33609

Title: VS () Delete
Name: WELCH, CATHY J
Address: 204 S HOOVER BLVD, STE 200
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: JOHNSON, MARY JANE
Address: 204 S HOOVER BLVD, STE 200
City-St-Zip: TAMPA, FL 33609

Title: C/T (X) Change () Addition
Name: LANDIS, ROBERT J
Address: 204 S HOOVER BLVD, STE 200
City-St-Zip: TAMPA, FL 33609

Title: S (X) Change () Addition
Name: BATES, SCOTT
Address: 204 S HOOVER BLVD, STE 200
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BATES

S

04/26/2006

Electronic Signature of Signing Officer or Director

Date