

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P41165

FILED  
Jan 09, 2012  
Secretary of State

Entity Name: CARE HEALTH SERVICES, INC.

**Current Principal Place of Business:**

1800 FOREST HILL BLVD.  
#B-1  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1800 FOREST HILL BLVD.  
#B-1  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 38-2354060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, BILLIE J  
1800 FOREST HILL BLVD.  
#B-1  
WEST PALM BEACH, FL 33406 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: VD  
Name: DAVIS, BILLIE  
Address: 1800 FOREST HILL BLVD #B-1  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: VD  
Name: MURPHY, MARTIN  
Address: 1800 FOREST HILL BLVD #B-1  
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D  
Name: WILLEY, EDWARD  
Address: 3160 PGA BOULEVARD  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D  
Name: REYNOLDS, LYMAN  
Address: 9142 SOUTHERN OAK LANE  
City-St-Zip: JUPITER, FL 33478 US

Title: D  
Name: BEDARD, JULIE  
Address: ONE NORTH CLEMATIS ST. STE 320  
City-St-Zip: WEST PALM BEACH, FL 33401

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: MARTIN MURPHY

CFO

01/09/2012

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

\_\_\_\_\_  
Date