

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000054664

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** A CARING CALL, INC.

**Current Principal Place of Business:**

10610 SW WESTLAWN BLVD  
PORT ST LUCIE, FL 349872190 US

**New Principal Place of Business:**

**Current Mailing Address:**

10610 SW WESTLAWN BLVD  
PORT ST LUCIE, FL 349872190 US

**New Mailing Address:**

**FEI Number:** 65-0431588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBSTER, FRANK W  
10610 SW WESTLAWN BLVD  
PORT ST LUCIE, FL 349873190 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: DP  
Name: WEBSTER, RUTH F  
Address: 10610 SW WESTLAWN BLVD  
City-St-Zip: PORT ST LUCIE, FL 349873190

Title: DST  
Name: WEBSTER, FRANK W WEBSTER  
Address: 10610 SW WESTLAWN BLVD  
City-St-Zip: PORT ST LUCIE, FL 349872190

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: FRANK W WEBSTER

DST

04/19/2012

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

\_\_\_\_\_  
Date