

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000031227

Entity Name: ECA CARE, INC.

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

**Current Principal Place of Business:**

3709 OAKRIDGE LN  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

3709 OAKRIDGE LN  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 65-0490509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACOBSON, JERRY  
3709 OAKRIDGE LANE  
WESTON, FL 33331 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: PSTD  
Name: JACOBSON, JERRY  
Address: 3709 OAKRIDGE LN  
City-St-Zip: WESTON, FL 33331

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: JERRY JACOBSON

VP

02/19/2012

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

\_\_\_\_\_  
Date