## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000074997

1. Entity Name

EMPLOYERS PAY-CARE SERVICES, INC.



Principal Place of Business

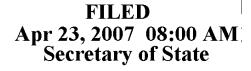
4912 26TH ST. W SUITE 100

BRADENTON, FL 34207

Mailing Address

4912 26TH ST. W Suite 100

BRADENTON, FL 34207





$\mathbf{O}$	NOT	WRITE	IN THIS	SPACE

04202007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
65-0443	713		Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

LATREILLE, LUCIEN 4912 26TH ST. W SUITE 100

BRADENTON, FL 34207

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>								
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SIGNATURE Signature, typed or printed name of registered agent and little if eppicable (NOTE: Registered Agent arguired when reinstating)  OATE								
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			eing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	. fs .	575	A Marie Company			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATREILLE, LUCIEN 4912 26TH ST. W BRADENTON, FL 34207				110000000000000000			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			مراد الإن	i e wasi	000000722642 05/02/07-80039-011 150.0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE			
TITLE NAME STREET ADDRESS, CITY-ST-ZIP	i							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.								