

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

03-08-2005 90171 018 ***150.00

66008730



1st MOORE CR2E034 (10/04)

DOCUMENT # P95000006322					
1. Entity Name MAXI-CARE, INC.					
Principal Place of Business 701-9 N. CONGRESS AVE. BOYNTON BEACH FL 33426			Mailing Address 701-9 N. CONGRESS AVE. BOYNTON BEACH FL 33426		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0550464	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAMS, SALVADOR A M.D. 701-9 N. CONGRESS AVE. SUITE 9&10 BOYNTON BEACH FL 33426				7. Name and Address of New Registered Agent Name Raul J. Aragon Street Address 701-9 N Congress Ave Suite 9&10 City Boynton Beach FL Zip Code 33426	
8. 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. SIGNATURE <i>Raul J. Aragon</i> (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WILLIAMS, SALVADOR A M.D. 4825 BELVEDERE RD. WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Chairman of the Board Raul J. Aragon 43 W Cypress Rd Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Exec. VP CEO & Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dana Cook 4695 Lucerne Lakes Blvd #103 Lake Worth FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst CEO & Director, V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Arnold Garad 4969 Gateway Gardens Drive Boynton Beach FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.					
SIGNATURE: <i>S. A. Williams M.D.</i>			2/24/05 561-735-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		