## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000019439

Entity Name: CAPSCARE INC

Title:

Name:

Address:

City-St-Zip:

FILED Feb 24, 2009 Secretary of State

	0/11/00/11	L 1140.						
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
SUITE 101	WORTH RD RTH, FL 33460	US						
Current Mailing Address:				New Mailir	New Mailing Address:			
17505 PRA LOXAHATO	DO BLVD CHEE, FL 3347	70 US						
FEI Number:	65-0575904	FEI Number Appl	lied For ( ) F	El Number Not Appli	cable ( )	Certificate of Status Desire	id (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
HACKER, EDWARD 17505 PRADO BLVD LOXAHATCHEE FL, FL 33470 US				17505 PRA	HACKER, EDWARD 17505 PRADO BLVD LOXAHATCHEE, FL 33470 US			
The above in the State		ubmits this state	ment for the purp	oose of changing it	s registered	office or registered agent,	or both,	
SIGNATURE: EDWARD G. HACKER					02/24/2009			
	Electronic	Signature of R	egistered Agent			Date		
Election Cam	paign Financing	Trust Fund Contril	bution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () [ HACKER, CAROI 17505 PRADO B LOXAHATCHEE,	L <b>V</b> D		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VSD () [ HACKER, EDWA 17505 PRADO B LOXAHATCHEE,	LVD		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	TD () [ HACKER, TANYA 17505 PRADO B LOXAHATCHEE,	LVD		Title: Name: Address: City-St-Zip:	TD (X BOLDEN, TAN 17505 PRADO LOXAHATCHE	BLVD		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD G. HACKER VP 02/24/2009

() Delete

HACKER, SAMANTHA

17505 PRADO BLVD

LOXAHATCHEE, FL 33470

(X) Change ( ) Addition

HACKER, SAMANTHA DR.

LOXAHATCHEE, FL 33470

17505 PRADO BLVD