

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000032025

Entity Name: ETHICARE, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2190 N.W. 74TH AVENUE  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5027  
FORT LAUDERDALE, FL 33310

**New Mailing Address:**

FEI Number: 65-0639426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MULLENIX, KENNETH E  
2190 N.W. 74TH AVENUE  
SUNRISE, FL 33313 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: STD  
Name: MULLENIX, BARBARA T  
Address: 2190 N.W. 74TH AVENUE  
City-St-Zip: SUNRISE, FL 33313

Title: PD  
Name: MULLENIX, KENNETH E  
Address: 2190 N.W. 74TH AVENUE  
City-St-Zip: SUNRISE, FL 33313

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: KENNETH E MULLENIX

PRES

01/06/2012

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

\_\_\_\_\_  
Date