

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064304

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: CAP CARE OF FLORIDA, INC.

## Current Principal Place of Business:

8700 OAK SPRING LANE  
COLFAX, NC 27235 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 5967  
HIGH POINT, NC 27262 US

## New Mailing Address:

FEI Number: 65-0609196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOARDMAN, THOMAS K  
1400 15TH ST N, SUITE 201  
IMMOKALEE, FL 33934 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: PARKER, RONNEL S JR  
Address: 8700 OAK SPRING LANE  
City-St-Zip: COLFAX, NC 27235

Title: D ( ) Delete  
Name: WEBB, PHYLLIS P  
Address: 8700 OAK SPRING LANE  
City-St-Zip: COLFAX, NC 27235

Title: VSD ( ) Delete  
Name: PARKER, CLYDE A JR  
Address: 8700 OAK SPRING LANE  
City-St-Zip: COLFAX, NC 27235

Title: PD ( ) Delete  
Name: PARKER, RONNEL S  
Address: 8700 OAK SPRING LANE  
City-St-Zip: COLFAX, NC 27235

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CLYDE PARKER, JR.

VP

07/06/2006

Electronic Signature of Signing Officer or Director

Date