

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065644

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** INDEPENDENT CARE GIVERS, INC.

**Current Principal Place of Business:**

8192 COLLEGE PARKWAY, S.W.,  
SUITE A-2  
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

8192 COLLEGE PARKWAY, S.W.,  
SUITE A-2  
FT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 65-0457525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLEMAN, CARL J  
2201 SECOND STREET, 5TH FLOOR  
FT. MYERS, FL 33901 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: PSD  
Name: BALL, MARY E  
Address: 8192 COLLEGE PARKWAY, S.W., STE. A-2  
City-St-Zip: FT. MYERS, FL 33919

Title: VTD  
Name: RACKOW, SUE S  
Address: 8192 COLLEGE PARKWAY, S.W., STE. A-2  
City-St-Zip: FT. MYERS, FL 33919

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: SUE S. RACKOW

VTD

02/09/2012

Electronic Signature of Signing Officer or Director

Date