

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG -4 PM 4:09

DOCUMENT # P96000033282					
1. Entity Name CARE SPAN, INC.					
Principal Place of Business 110 LONGWOOD AVE ROCKLEDGE, FL 32955			Mailing Address P.O. BOX 565002 MS 75 ROCKLEDGE, FL 32956-5002 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3401464	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, EMIL 110 LONGWOOD AVE ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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 PD NAME MILLER, EMIL STREET ADDRESS 110 LONGWOOD AVE CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE VPD NAME Kelly R. Sullivan STREET ADDRESS 110 Longwood Ave CITY-ST-ZIP Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME FAYER, GEORGE STREET ADDRESS 110 LONGWOOD AVE CITY-ST-ZIP ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE 600134021066 NAME 08/06/08--01014--015 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	
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	
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 exemptions contained 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 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>Earl M. P...</i>			Date: 8/1/08 Daytime Phone: 321 5016060		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



110 Longwood Avenue
P.O. Box 565002
Rockledge, FL 32956-5002
(321) 636-2211
www.wuesthoff.org

Via Overnight Mail

77512662942

August 1, 2008

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Amended Annual Report for Care Span, Inc.

Enclosed please find the Amended Annual Report Form which adds Ms. Kelly Sullivan as an officer to Care Span, Inc. It is my understanding that the state will provide a document confirming that the amendment has been made 7-10 days after receipt that and it will be delivered by way of US postal service. If I have misunderstood any of the above, please do not hesitate to contact me at the number listed below. Should you have any questions or concerns, please do not hesitate to contact me at 321-637-2827.

Sincerely,

A handwritten signature in cursive script that reads "Donna Larson".

Donna Larson
Paralegal to
Kelly Sullivan, Esq.