# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 19, 2011**
**Secretary of State**

DOCUMENT# P96000069459

**Entity Name:** MASTER CARE PROTECTION PLAN, INC.

**Current Principal Place of Business:**

1800 BOY SCOUT DR
FT. MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 70
FT MYERS, FL 33902 US

**New Mailing Address:**

**FEI Number: 65-0700840** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GALLOWAY, ROBERT
1800 BOY SCOUT DR
FORT MYERS, FL 33907 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: VP
Name: GALLOWAY, SAM M III
Address: 1800 BOY SCOUT DR
City-St-Zip: FORT MYERS, FL 33907

Title: PST
Name: DOUGHERTY, KATHERINE
Address: 1800 BOY SCOUT DR
City-St-Zip: FORT MYERS, FL 33907

Title: VP
Name: GALLOWAY, ROBERT
Address: 1800 BOY SCOUT DR
City-St-Zip: FORT MYERS, FL 33907

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: ROBERT GALLOWAY VP 03/19/2011

Electronic Signature of Signing Officer or Director Date