

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000070646

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** CARE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1673 SW 67TH AVE  
SUITE C  
MIAMI, FL 331551827

**New Principal Place of Business:**

9500 DADELAND BLVD. SUITE 700  
MIAMI, FL 33156

**Current Mailing Address:**

P.O. BOX 161498  
MIAMI, FL 331161498

**New Mailing Address:**

**FEI Number:** 65-0781855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAS, RONALD  
10241 SW 142 ST  
MIAMI, FL 331767041 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: DP  
Name: DIAS, RONALD  
Address: 10241 SW 142 ST  
City-St-Zip: MIAMI, FL 331767041

Title: VP  
Name: SOKOLOW, CAROL  
Address: 9500 DADELAND BLVD. SUITE 700  
City-St-Zip: MIAMI, FL 33156

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: RONALD DIAS

DP

02/01/2012

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

\_\_\_\_\_  
Date