

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000058146

**Entity Name:** PLATINUM CARE, INC.

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6040 SW 14 STREET  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6040 SW 14 STREET  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0848446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAINYN, MARIA LUISA C  
6040 SOUTHWEST 14TH STREET  
PLANTATION, FL 33317 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: P  
Name: RAINYN, MARIA L  
Address: 6040 SW 14 STREET  
City-St-Zip: PLANTATION, FL 33317

Title: ST  
Name: RAINYN, ERICH  
Address: 6040 SW 14 STREET  
City-St-Zip: PLANTATION, FL 33317

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: MARIA LUISA RAINYN

P

02/24/2012

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

\_\_\_\_\_  
Date