2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

DOCUMENT# P98000076334

Entity Name: CREATIVE CARE PROVIDERS, INC.

Current Principal Place of Business:

1104 COUNTY LINE RD.
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

16528 N DALE MABRY HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3530510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, WALTER
16528 N DALE MABRY HWY
TAMPA, FL 33618 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: D
Name: ADAMS, KATHLEEN T
Address: 1104 COUNTY LINE ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: ADAMS, DONALD RAY
Address: 1104 COUNTY LINE ROAD
City-St-Zip: LUTZ, FL 33558

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: KATHLEEN T ADAMS P 01/12/2011

Electronic Signature of Signing Officer or Director Date