

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000081117

Entity Name: RELIACARE, INC.

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4155 TREETOPS ROAD  
COOPER CITY, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

4155 TREETOPS ROAD  
COOPER CITY, FL 33026

**New Mailing Address:**

FEI Number: 65-0863852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BORENSTEIN, KAY  
4155 TREE TOPS ROAD  
COOPER CITY, FL 33026 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DST  
Name: BORENSTEIN, KAY  
Address: 4155 TREE TOPS ROAD  
City-St-Zip: COOPER CITY, FL 33026

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: KAY BORENSTEIN

PRES

02/18/2010

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

\_\_\_\_\_  
Date