

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003344

FILED  
Mar 21, 2012  
Secretary of State

Entity Name: CARE MANAGEMENT ASSOCIATES, INC.

## Current Principal Place of Business:

611 DRUID ROAD EAST  
SUITE 204  
CLEARWATER, FL 33756

## New Principal Place of Business:

611 DRUID ROAD EAST  
SUITE 704  
CLEARWATER, FL 33756

## Current Mailing Address:

611 DRUID ROAD EAST  
SUITE 204  
CLEARWATER, FL 33756

## New Mailing Address:

611 DRUID ROAD EAST  
SUITE 704  
CLEARWATER, FL 33756

FEI Number: 59-3568571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERRARA, CYNTHIA  
611 DRUID ROAD EAST  
SUITE 204  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

FERRARA, CYNTHIA  
611 DRUID ROAD EAST  
SUITE 704  
CLEARWATER, FL 33756 US

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:

03/21/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: FERRARA, CYNTHIA  
Address: 611 DRUID ROAD EAST, STE 704  
City-St-Zip: CLEARWATER, FL 33756

Title: D  
Name: FERRARA, THOMAS  
Address: 611 DRUID ROAD EAST, STE 704  
City-St-Zip: CLEARWATER, FL 33756

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: CYNTHIA FERRARA

D

03/21/2012

Electronic Signature of Signing Officer or Director

Date