


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000008935 1. Entity Name CARE MEDICAL CENTERS, INC.	
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Principal Place of Business 466 HOLLYWOOD MALL HOLLYWOOD, FL 33021	Mailing Address 466 HOLLYWOOD MALL HOLLYWOOD, FL 33021
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04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILCHRIST, RAE M 466 HOLLYWOOD MALL HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000525511
05/04/06-80037-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GILCHRIST, RAE M 4873 SUNKIST WAY COOPER CITY, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEVY, MITCHELL B 3020 OAKRIDGE LANE HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rae M. Gilchrist

6-19-06

(904) 981-4377