

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020876

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: CAREADVANTAGE OF PALM BEACH, INC.

## Current Principal Place of Business:

3462 SE COURT DRIVE  
STUART, FL 34997 US

## New Principal Place of Business:

## Current Mailing Address:

3462 SE COURT DRIVE  
STUART, FL 34997 US

## New Mailing Address:

FEI Number: 65-0899904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYRICK, KIM  
3462 SE COURT DRIVE  
STUART, FL 34997 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: ST ( ) Delete  
Name: MYRICK, KIM  
Address: 3462 SE COURT DRIVE  
City-St-Zip: STUART, FL 34997

Title: P ( ) Delete  
Name: LECHNER, BRIAN  
Address: 390 SE MIZNER BLVD. #1812  
City-St-Zip: BOCA RATON, FL 33432

Title: VP ( ) Delete  
Name: MCCASKILL, SUSAN T  
Address: 6120 PAYNE STEWART DRIVE  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MCCASKILL, SUSAN T  
Address: 9742 GREEN ISLAND CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM MYRICK

DIR

04/15/2008

Electronic Signature of Signing Officer or Director

Date