

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000020876

**FILED**  
**May 02, 2010**  
**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** ST  
**Name:** MYRICK, KIM  
**Address:** 3462 SE COURT DRIVE  
**City-St-Zip:** STUART, FL 34997

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

**Title:** VP  
**Name:** MCCASKILL, SUSAN T  
**Address:** 9742 GREEN ISLAND CIRCLE  
**City-St-Zip:** WINDERMERE, FL 34786

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:** KIM MYRICK

DIR

05/02/2010

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

\_\_\_\_\_  
Date