

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000095240

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** CARE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

3319 MAGUIRE BLVD.  
SUITE 100  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

3319 MAGUIRE BLVD.  
SUITE 100  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-3609907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHUFFIELD, W. CHARLES  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 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

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: O'ROURKE, AMY CAMERON  
Address: 535 INTERLOCHEN AVE. #307  
City-St-Zip: WINTER PARK, FL 32789

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: BRIGETTE SEXTON

MGR.

04/22/2011

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

\_\_\_\_\_  
Date