

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 036 ***150.00

DOCUMENT # P99000109597

1. Entity Name

COMPASSIONATE CARE, INC.



Principal Place of Business

2602 NASSAU BEND
COCONUT CREEK FL 33066

Mailing Address

2602 NASSAU BEND
COCONUT CREEK FL 33066

2. Principal Place of Business

2304 WULCAYA LANE

Suite, Apt. #, etc.

#01 COCONUT CK.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

Zip

Country

33066

Country

FLORIDA

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MOORE

CR2E034 (11/03)

4. FEI Number

65-0967216

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERRING, ARNOLD L
2602 NASSAU BEND
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name: GERRING, ARNOLD L

Street Address (P.O. Box Number is Not Acceptable)

2304 WULCAYA LANE #01

City

COCONUT CREEK

FL

Zip Code

33066

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GERRING, ARNOLD L
2602 NASSAU BEND
COCONUT CREEK FL 33066

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/04 954-976-929'

Date

Daytime Phone #