

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90180 034 ***150.00

DOCUMENT # V27628

1. Entity Name
CONSULT CARE, INC.



Principal Place of Business

**1202 TECH BLVD
#100
TAMPA, FL 33619 US**

Mailing Address

**1202 TECH BLVD
#100
TAMPA, FL 33619 US**

50048117



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3119198

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULDER, JOANNA T
1202 TECH BLVD.
#100
TAMPA, FL 33619**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULDER, JOANNA T
STREET ADDRESS	2553 MASON OAKS DR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	VP
NAME	MURRAY, MAUREEN
STREET ADDRESS	1202 TECH BLVD. # 100
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	VP
NAME	MAXINE, MICHAEL
STREET ADDRESS	1202 TECH BLVD. # 100
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*No longer an
officer/employed
with Consult Care Inc.*

**DO NOT WRITE
IN THIS SPACE**

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

4/26/05 *813628-5522*
Date Daytime Phone #