

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V27628

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: CONSULT CARE, INC.

## Current Principal Place of Business:

221 HOBBS STREET  
#101  
TAMPA, FL 33619 US

## New Principal Place of Business:

## Current Mailing Address:

221 HOBBS STREET  
#101  
TAMPA, FL 33619 US

## New Mailing Address:

FEI Number: 59-3119198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULDER, JOANNA T  
221 HOBBS STREET  
#101  
TAMPA, FL 33619 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: PD ( ) Delete  
Name: MULDER, JOANNA T  
Address: 2553 MASON OAKS DR.  
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Delete  
Name: MURRAY, MAUREEN  
Address: 3543 HIGH HAMPTON CIR  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MULDER, JOANNA T  
Address: 2553 MASON OAKS DR.  
City-St-Zip: VALRICO, FL 33596

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

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: JOANNA MULDER

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date