

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45317

Entity Name: EMPATHY CARE, INC.

FILED  
Jan 16, 2006  
Secretary of State

**Current Principal Place of Business:**

141 NW 20TH ST  
SUITE F5  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

141 NW 20TH ST  
SUITE F5  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 65-0341989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MULDER, P. STEVEN  
1405 SE 17TH TERRACE  
DEERFIELD BEACH, FL 33441 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: P ( ) Delete  
Name: MULDER, STEVEN  
Address: 7300 DEL PRADO SOUTH  
City-St-Zip: BOCA RATON, FL 33433 US

Title: V ( ) Delete  
Name: WOLFE, CAROL  
Address: 9259 EDMONT LANE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: S ( ) Delete  
Name: OSBORN, GILDA  
Address: 9587 OHIO PLACE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: T ( ) Delete  
Name: SMITH, CAROLE  
Address: 1319 S.E. 14TH AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ERICA S. HEALEY

ADM.

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date