

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V45317

Entity Name: EMPATHY CARE, INC.

FILED
Jan 10, 2012
Secretary of State

Current Principal Place of Business:

141 N.W. 20TH ST., STE. G-122
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

141 N.W. 20TH ST., STE. G-122
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 65-0341989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MULDER, P. STEVEN
1226 SE 12TH TERRACE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

HEALEY, ERICA S
7547 OLD THYME COURT
PARKLAND, FL 33076 US

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: ERICA S. HEALEY

01/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MULDER, STEVEN
Address: 7300 DEL PRADO SOUTH
City-St-Zip: BOCA RATON, FL 33433 US

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

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

Title: T
Name: SMITH, CAROLE
Address: 6487 AMARILLO LANE
City-St-Zip: BOCA RATON, FL 33433

Title: D
Name: HEALEY, ERICA
Address: 7547 OLD THYME COURT
City-St-Zip: PARKLAND, FL 33076

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: ERICA S. HEALEY

D

01/10/2012

Electronic Signature of Signing Officer or Director

Date