

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L80872

Entity Name: CORPORATE CARE WORKS, INC.**Current Principal Place of Business:**11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154**Current Mailing Address:**11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154 US**FEI Number:** 59-3010363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CO-PRESIDENT
Name LEIBOWITZ, ARTHUR M
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title TREASURER
Name MENDLIK, PAUL M
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name BERGER, NANCEE R
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title CO PRESIDENT
Name MESSINA, DANIEL S
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title SECRETARY
Name MUSSMAN, DAVID C.
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name STANGL, STEVEN M
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

Title DIRECTOR
Name BARKER, THOMAS B
Address 11808 MIRACLE HILLS DRIVE
City-State-Zip: OMAHA NE 68154

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: DAVID C. MUSSMAN**SECRETARY****01/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date