

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000118448

**Entity Name:** TAX CARE,INC.

**Current Principal Place of Business:**

417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 22-3881352

**Certificate of Status Desired:** No

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

ALVAREZ, DANIEL  
417 CENTER POINTE CIRCLE  
SUITE 1737  
ALTAMONTE SPRINGS, FL 32701 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:** DANIEL ALVAREZ

03/08/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name ALVAREZ, MOISES  
Address 417 CENTER POINTE CIRCLE SUITE  
1737  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title T  
Name HERRERA OCHOA, VERONICA  
Address 604 STARKE LAKE CIR  
City-State-Zip: OCOEE FL 34761

*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:** ALVAREZ, MOISES

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03/08/2013

Electronic Signature of Signing Officer/Director Detail

Date