

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121297

Entity Name: COMPASSIONATE ADULT CARE, INC.

Current Principal Place of Business:

5415 HARDEE ST
NAPLES, FL 34113

Current Mailing Address:

5415 HARDEE ST
NAPLES, FL 34113

FEI Number: 20-5589043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH K. NOFIL,P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 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 PRES
Name DORSAINT, PIERRE A
Address 5415 HARDEE ST
City-State-Zip: NAPLES FL 34113

Title VP
Name BIEN AIME, BRADLEY
Address 14910 MYSTIC LAKE CIRCLE APT
 13102
City-State-Zip: NAPLES FL 34119

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: PIERRE A DORSAINT

PRES

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date