2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2014
Secretary of State
CC1887432122

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Entity Name: COMPASSIONATE COMPANION CARE,INC

Current Principal Place of Business:

597 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

Current Mailing Address:

597 SOUTH EDGEWOOD AVE
JACKSONVILLE, FL 32205

FEI Number: 41-2251201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, ALVIN R
229 CHEROKEE STREET
JACKSONVILLE, FL 32254 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	CEO
Name	WILLIAMS, ALVIN R
Address	229 CHEROKEE STREET
City-State-Zip:	JACKSONVILLE FL 32254

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: MR ALVIN R WILLIAMS CEO 04/28/2014

Electronic Signature of Signing Officer/Director Detail — Date