2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2014
Secretary of State
CC4816544746

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Entity Name: PARENT CARE CORPORATION

Current Principal Place of Business:

1330 WEST AVE
SUITE 506
MIAMI BEACH, FL 33139

Current Mailing Address:

1330 WEST AVE
SUITE 506
MIAMI BEACH, FL 33139 US

FEI Number: 46-3424241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, SAMUEL B
1330 WEST AVE
SUITE 506
MIAMI BEACH, FL 33139 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	P	Title	VP
Name	COHEN, SAMUEL B	Name	FARIN, DAVID
Address	1330 WEST AVE SUITE 506	Address	601 3 ISLANDS BLVD APT 204
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	HALLANDALE FL 33009

Title	VP
Name	VARDI, DAVID
Address	3030 WEST GARVIS ST
City-State-Zip:	CHICAGO IL 60645

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: SAMUEL COHEN PARTNER 01/13/2014

Electronic Signature of Signing Officer/Director Detail — Date