I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec		
above, or on an attachment with all other like empowered.		
SIGNATURE: STEPHEN WOLF	PRESIDENT	03/19/2013

SIGNATURE: STEPHEN WOLF

Т

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P9800008026

Entity Name: COMPASSIONATE COMPANIONS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

222 OAKWOOD DR CASSELBERRY, FL 32707

Current Mailing Address:

5415 LAKE HOWELL RD 216 WINTER PARK, FL 32792

FEI Number: 59-3491094

Name and Address of Current Registered Agent:

WOLF, STEPHEN N 5415 LAKE HOWELL RD 216 WINTER PARK, FL 32792 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

Officer/Director Detail :

Title	PSTD	Title	VP
Name	WOLF, STEPHEN N	Name	WOLF, DORIS
Address	222 OAKWOOD DR	Address	222 OAKWOOD DR
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	CASSELBERRY FL 32707
Title	D		
Name	WOLF, MYRNA		
Address	8930 STATE ROAD 84 # 204		
City-State-Zip:	DAVIE FL 33324		

FILED Mar 19, 2013 Secretary of State CC0904657351

Date

Certificate of Status Desired: No

Date