

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000271

FILED
Feb 12, 2016
Secretary of State
CC0886383095

Entity Name: ALWAYS CARE BENEFITS, INC.

Current Principal Place of Business:

8485 GOODWOOD BLVD.
BATON ROUGE, LA 70806

Current Mailing Address:

8485 GOODWOOD BLVD
BATON ROUGE, LA 70806-7878 US

FEI Number: 72-1146709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANFORD, PAUL P
103 S. MONROE STREET
TALLAHASSEE, FL 32301 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 CHAIRMAN
Name STERNBERG, HANS J
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

Title CEO
Name STERNBERG, ERICH
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

Title CFO, SECRETARY, TREASURER
Name WILD, JEFFREY G
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

Title PRESIDENT
Name ROTH, DEBORAH STERNBERG
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

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: JEFFREY G. WILD

CFO,
SECRETARY/TREASURER

02/12/2016

Electronic Signature of Signing Officer/Director Detail

Date