

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000271

**FILED
Apr 28, 2014
Secretary of State
CC8877708892**

Entity Name: ALWAYS CARE BENEFITS, INC.

Current Principal Place of Business:

8485 GOODWOOD BLVD.
BATON ROUGE, LA 70806

Current Mailing Address:

PO BOX 98100
BATON ROUGE, LA 70898-9100

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 C
Name STERNBERG, HANS J
Address 8485 GOODWOOD BLVD.
City-State-Zip: BATON ROUGE LA 70806

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

Title ST
Name WILD, JEFFREY G
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/TREAS 04/28/2014
URER**

Electronic Signature of Signing Officer/Director Detail

Date