

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000000271

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC7210023214**

**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:** Yes

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

Title            CFO  
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

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date