

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L80872

**Entity Name:** CORPORATE CARE WORKS, INC.

**Current Principal Place of Business:**

8649 BAYPINE RD  
STE 101  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8649 BAYPINE RD  
STE 101  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-3010363

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PERSICO, CYNTHIA K.  
8649 BAYPINE RD  
# 101  
JACKSONVILLE, FL 32256 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           EAP REGIONAL VICE PRESIDENT  
Name           PERSICO, CYNTHIA K  
Address        8649 BAYPINE RD STE 101  
City-State-Zip: JACKSONVILLE FL 32256

*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:** CYNTHIA K PERSICO

EAP REGIONAL VICE  
PRES

04/11/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date