

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086062

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: TAKE CARE USA, INC.

**Current Principal Place of Business:**

3737 DOMESTIC AVE STE 2  
NAPLES, FL 34104

**New Principal Place of Business:**

173 STANHOPE CIRCLE  
NAPLES, FL 34104

**Current Mailing Address:**

3737 DOMESTIC AVE STE 2  
NAPLES, FL 34104

**New Mailing Address:**

173 STANHOPE CIRCLE  
NAPLES, FL 34104

FEI Number: 20-0125427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NIVISON, RICHARD  
3737 DOMESTIC AVE STE 2  
NAPLES, FL 34104 US

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

NIVISON, RICHARD  
173 STANHOPE CIRCLE  
NAPLES, FL 34104 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: RICHARD NIVISON

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: BENSOUSSAN, LAURENT  
Address: 3737 DOMESTIC AVE STE 2  
City-St-Zip: NAPLES, FL 34104

Title: PRES ( ) Delete  
Name: NIVISON, RICHARD D  
Address: 3737 DOMESTIC AVE STE 2  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: BENSOUSSAN, LAURENT  
Address: 173 STANHOPE CIRCLE  
City-St-Zip: NAPLES, FL 34104

Title: PRES (X) Change ( ) Addition  
Name: NIVISON, RICHARD D  
Address: 173 STANHOPE CIRCLE  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD NIVISON

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date