2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# G63940

Entity Name: CONVACARE - CONVALESCENT AIDS AND RESPIRATORY CARE, INC.

Current Principal Place of Business:

2423 BEE RIDGE RD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

P O BOX 18562
SARASOTA, FL 342761562

New Mailing Address:

FEI Number: 59-2330573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIBNICK, MICHAEL
4672 PINE HARNER DR
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

HIBNICK, MICHAEL
P.O. BOX 18562
SARASOTA, FL 34276 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: 04/19/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HIBNICK, MICHAEL,
Address: 4672 PINE HARNER DR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HIBNICK, MICHAEL,
Address: P.O. BOX 18562
City-St-Zip: SARASOTA, FL 34276

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: MICHAEL HIBNICK DP 04/19/2005
Electronic Signature of Signing Officer or Director — Date