

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043782

FILED
Apr 28, 2005
Secretary of State

Entity Name: ZONECARE USA OF CALIFORNIA, LLC

Current Principal Place of Business:

223 N.E. 5TH AVE.
DELRAY BEACH, FL 33444

New Principal Place of Business:

223 N.E. 5TH AVE.
DELRAY BEACH, FL 33483 US

Current Mailing Address:

P.O. BOX 3107
DELRAY BEACH, FL 33447

New Mailing Address:

P.O. BOX 8379
DELRAY BEACH, FL 33482 US

FEI Number: 20-0413800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REY, KEVIN T
223 N.E. 5TH AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

FENOGLIO, JAMES P
223 N.E. 5TH AVE.
DELRAY BEACH, FL 33483 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: JAMES P. FENOGLIO

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ATKINS, JASON
Address: 100 S PINE POINTE DR #3002
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: WILSON, PATRICIA
Address: 955 BOLENDER DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM () Delete
Name: VECTOR FAMILY INVEST, MENTS, LLC
Address: P.O. BOX 97
City-St-Zip: DELRAY BEACH, FL 33447

Title: MGRM () Delete
Name: BUSCARINI, JAMES
Address: 310-B S WILLOW AVE
City-St-Zip: TAMPA, FL 33606

Title: MGRM (X) Delete
Name: BAKER, LORING
Address: 1205 MAYFIELD RD
City-St-Zip: ALPHARETTA, GA 30004

Title: MGRM (X) Delete
Name: VAN MARISSING, FRANCISCO
Address: 5003 POLARIS COVE
City-St-Zip: GREEN ACRES, FL 33463

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BUSCARINI, JAMES
Address: 16601 SEDONA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES P. FENOGLIO

CFO

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date