

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19230

Entity Name: CYBERCARE, INC.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

2755 SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435 US

New Principal Place of Business:

1115 MARBELLA PLAZA DRIVE
TAMPA, FL 33619 US

Current Mailing Address:

P.O. BOX 243159
BOYNTON BEACH, FL 334243159

New Mailing Address:

1115 MARBELLA PLAZA DRIVE
TAMPA, FL 33619

FEI Number: 65-0158479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADELSON, ALAN
C/O CYBERCARE, INC.
2755 S FEDERAL HWY, SUITE 16
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DEV () Delete
Name: ADELSON, ALAN
Address: 2755 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: CEOD () Delete
Name: FORTE, JOE
Address: 2755 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADELSON, ALAN
Address: 1115 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: CEOD (X) Change () Addition
Name: FORTE, JOE
Address: 1115 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: D () Change (X) Addition
Name: CLANCY, MARK
Address: 1115 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

Title: D () Change (X) Addition
Name: STANTON, JOHN
Address: 1115 MARBELLA PLAZA DRIVE
City-St-Zip: TAMPA, FL 33619

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: MARK CLANCY

D

04/19/2004

Electronic Signature of Signing Officer or Director

Date