

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L19230

Entity Name: CYBERCARE, INC.

FILED  
May 16, 2005  
Secretary of State

## Current Principal Place of Business:

1115 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619 US

## New Principal Place of Business:

6324 COUNTY ROAD 579  
SEFFNER, FL 33584 US

## Current Mailing Address:

1115 MARBELLA PLAZA DRIVE  
TAMPA, FL 33619

## New Mailing Address:

POST OFFICE BOX 24567  
TAMPA, FL 33623

FEI Number: 65-0158479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

CAREY, MICHAEL R  
712 SOUTH OREGON AVENUE  
TAMPA, FL 33606 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: MICHAEL R. CAREY

05/16/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ADELSON, ALAN  
Address: 2755 SOUTH FEDERAL HIGHWAY  
City-St-Zip: BOYNTON BEACH, FL 33435 US

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

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

Title: D (X) Change ( ) Addition  
Name: STANTON, JOHN  
Address: POST OFFICE BOX 24567  
City-St-Zip: TAMPA, FL 33623

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 R. CAREY

R.A.

05/16/2005

Electronic Signature of Signing Officer or Director

Date