

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008838

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: COPSCARE, INC.

## Current Principal Place of Business:

1279 NE 79 ST, UNIT A-4  
MIAMI, FL 33138 US

## New Principal Place of Business:

## Current Mailing Address:

19521 W LAKE DR  
MIAMI, FL 33015 US

## New Mailing Address:

FEI Number: 65-1158717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREEN, GERALD N  
19521 W LAKE DR  
MIAMI, FL 33015 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

## OFFICERS AND DIRECTORS:

Title: PM ( ) Delete  
Name: GREEN, GERALD N  
Address: 19521 W LAKE DR  
City-St-Zip: MIAMI, FL 330155546

Title: D ( ) Delete  
Name: RIVERO, DAVID  
Address: 400 NW 2 AVENUE  
City-St-Zip: MIAMI, FL 33128

Title: D ( ) Delete  
Name: WILLIAMS, BRUCE  
Address: 21381 HIGHLAND LAKE BLVD  
City-St-Zip: MIAMI, FL 33179

Title: D ( ) Delete  
Name: WOODS, MARY LOU  
Address: 1623 EAST LAKE WAY  
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: D ( ) Delete  
Name: VIERA, MELIA  
Address: 799 BRICKELL PLAZA STE 606  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD N. GREEN

PM

04/22/2005

Electronic Signature of Signing Officer or Director

Date