2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# N03000005720

Entity Name: MENDS COMPASSIONATE NURSING CARE REGISTRY INC.

Current Principal Place of Business:

19220 NW 50TH COURT
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

19220 NW 50TH COURT
MIAMI, FL 33055

New Mailing Address:

FEI Number: 20-0104436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MENDS, LILLIAN Y
19220 NW 50TH COURT
MIAMI, FL 33055 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: D ( ) Delete
Name: DAVIS, YVONNE J MD
Address: P. O. BOX 470727
City-St-Zip: MIAMI, FL 33247

Title: D ( ) Delete
Name: FARRINGTON, MARY F RN
Address: 1920 N.W. 167TH STREET
City-St-Zip: MIAMI, FL 33054

Title: D ( ) Delete
Name: EDWARDS, CARLOS
Address: 4871 N.W. 192ND STREET
City-St-Zip: MIAMI, FL 33055

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

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

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: D ( ) Change (X) Addition
Name: DUHANEY, YOLA
Address: 11680 SW 144TH AVE
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Change (X) Addition
Name: CUADRADO-UMBAUGH, GLICER
Address: 14020 SW 1088 STREET
City-St-Zip: MIAMI, FL 33186

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: LILLIAN Y. MENDS, RN, BSN O 03/29/2005

Electronic Signature of Signing Officer or Director — Date