2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 01, 2005
Secretary of State

DOCUMENT# N04000010238

Entity Name: WORLDCARE, INC.

Current Principal Place of Business:

111 NW 183 STREET
SUITE 108
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

111 NW 183 STREET
SUITE 108
MIAMI GARDENS, FL 33169 US

New Mailing Address:

FEI Number: 87-0754090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEDD, KENNETH J
3106 COMMERCE PARKWAY
MIRAMAR, FL 33025 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: KENNETH J. NEDD

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOSEPH, GLENN
Address: 111 NW 183 STREET SUITE 108
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D ( ) Delete
Name: MCGOWAN, VONNIE
Address: 1430 SW 87 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: NEDD, KENNETH J
Address: 3106 COMMERCE PARKWAY
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: STUART, INGRID
Address: 1021 SW 85 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: EDWARD, CARSON
Address: 1035 NE 125 STREET SUITE 300
City-St-Zip: NORTH MIAMI, FL 33161

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: GLENN JOSEPH D 11/01/2005

Electronic Signature of Signing Officer or Director — Date