2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010238

Entity Name: WORLDCARE, INC.

FILED Apr 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 111 NW 183 STREET SUITE 108 MIAMI GARDENS, FL 33169 US **New Mailing Address: Current Mailing Address:** 111 NW 183 STREET SUITE 108 MIAMI GARDENS, FL 33169 US 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: Name and Address of New Registered Agent: NEDD, KENNETH J ALIC-BATSON, ROSLYN 3106 COMMERCE PARKWAY 6645 EVERGREEN DRIVE MIRAMAR, FL 33025 MIRAMAR, FL 33023 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: ROSLYN ALIC-BATSON 04/06/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOSEPH, GLENN Name: Name: 111 NW 183 STREET SUITE 108 Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCGOWAN, VONNIE Name: ALIC BATSON, ROSLYN Name: Address: 1430 SW 87 TERRACE Address: 6645 EVERGREEN DRIVE City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIRAMAR, FL 33023 Title: () Delete Title: () Change () Addition NEDD, KENNETH J Name: Name: 3106 COMMERCE PARKWAY Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STUART, INGRID Name: Address: 1021 SW 85 AVENUE Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: Title: () Delete Title: (X) Change () Addition EDWARD, CARSON EDWARDS, CARSON Name: Name: 1035 NE 125 STREET SUITE 300 1035 NE 125 STREET SUITE 300 Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MR 04/06/2007