

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010238

Entity Name: WORLDCARE, INC.

FILED  
Oct 16, 2008  
Secretary of State

## 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:

## Name and Address of New Registered Agent:

ALIC-BATSON, ROSLYN  
6645 EVERGREEN DRIVE  
MIRAMAR, FL 33023 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: ROSLYN ALIC-BATSON

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: ALIC BATSON, ROSLYN  
Address: 6645 EVERGREEN DRIVE  
City-St-Zip: MIRAMAR, FL 33023

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 (X) Delete  
Name: EDWARDS, 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 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

PRES

10/16/2008

Electronic Signature of Signing Officer or Director

Date