2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N49377

Entity Name: FOR AIDS CARE TODAY, INC.

Current Principal Place of Business:

136 4TH ST. NORTH
SUITE 301
ST. PETERSBURG, FL 33701

New Principal Place of Business:

300 31ST STREET NORTH
SUITE 400
ST. PETERSBURG, FL 33713

Current Mailing Address:

300 EAST BAY DR
LARGO, FL 337703770 US

New Mailing Address:

FEI Number: 59-3128150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LABYAK, MARY J
THE HOSPICE OF THE FLORIDA SUNCOAST
300 E BAY DR
LARGO, FL 33770 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: PD ( ) Delete
Name: LABYAK, MARY
Address: HOSPICE- 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

Title: CD ( ) Delete
Name: BUBY, DAVID D
Address: HOSPICE- 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

Title: S ( ) Delete
Name: BELL, MICHEAL
Address: 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

Title: TD ( ) Delete
Name: KISTLER, SCOTT
Address: HOSPICE- 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BELL, MICHAEL
Address: 300 EAST BAY DR
City-St-Zip: LARGO, FL 33770

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: MARY J LABYAK P 01/25/2005

Electronic Signature of Signing Officer or Director — Date