

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004697

FILED  
Apr 11, 2004  
Secretary of State

Entity Name: PROXY CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

7444 TEXAS TRAIL  
BOCA RATON, FL 33487

**New Principal Place of Business:**

7444 TEXAS TRAIL  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

512 S.W. BADGER TERRACE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 65-0666561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDRA J. HARRISON  
512 S.W. BADGER TERRACE  
PORT SAINT LUCIE, FL 34953

**Name and Address of New Registered Agent:**

SANDRA J. HARRISON  
512 S.W. BADGER TERRACE  
PORT SAINT LUCIE, FL 34953 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:

04/11/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HARRISON, SANDRA J  
Address: 512 S.W. BADGER TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: BROWN, THOMAS A  
Address: 509 W. 121ST ST., #812  
City-St-Zip: NEW YORK, NY 10027

Title: D ( ) Delete  
Name: TARA LYNN SMITH,  
Address: 4085 ALPINIA COURT SOUTH  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: BROWN, MAPY  
Address: 509 W 121ST ST., #812  
City-St-Zip: NEW YORK, NY 10027

**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:

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: SANDRA J. HARRISON

MS

04/11/2004

Electronic Signature of Signing Officer or Director

Date