# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2005**
**Secretary of State**

DOCUMENT# N94000004697

**Entity Name:** PROXY CARE MANAGEMENT, INC.

**Current Principal Place of Business:**

7444 TEXAS TRAIL
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

4085 ALPINIA COURT
BOYNTON BEACH, FL 33436 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 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: | 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: | D | (X) Change ( ) Addition |
| Name: | TARA LYNN SMITH, | |
| Address: | 512 S.W. BADGER TERRACE | |
| City-St-Zip: | PORT ST. LUCIE, FL 34953 | |
| 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 D 04/14/2005

Electronic Signature of Signing Officer or Director — Date