

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004697

FILED  
May 31, 2006  
Secretary of State

Entity Name: PROXY CARE MANAGEMENT, INC.

## Current Principal Place of Business:

4085 ALPINIA COURT  
BOYNTON BEACH, FL 33436 US

## New Principal Place of Business:

222 OLIVE TREE CIRCLE  
WEST PALM BEACH, FL 33413 US

## Current Mailing Address:

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

## New Mailing Address:

222 OLIVE TREE CIRCLE  
WEST PALM BEACH, FL 33413

FEI Number: 65-0666561      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:

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

## Name and Address of New Registered Agent:

HARRISON, SANDRA J  
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: SANDRA HARRISON

05/31/2006

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: 512 S.W. BADGER TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D (X) 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: D (X) Change ( ) Addition  
Name: BARBARO, ANTHONY  
Address: 222 OLIVE TREE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D (X) Change ( ) Addition  
Name: SMITH, TARA L  
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 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: SANDRA J. HARRISON

D

05/31/2006

Electronic Signature of Signing Officer or Director

Date