

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004043

FILED
Jul 18, 2005
Secretary of State

Entity Name: BICSI CARES, INC.

Current Principal Place of Business:

8610 HIDDEN RIVE PKY
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

8610 HIDDEN RIVE PDY
TAMPA, FL 33637 US

New Mailing Address:

FEI Number: 59-3419229 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:

WARE, ALLEN L
8610 HIDDEN RIVER PARKWAY
TAMPA, FL 336371000 US

Name and Address of New Registered Agent:

ECKEBRECHT, BETTY M CFO
8610 HIDDEN RIVER PARKWAY
TAMPA, FL 336371000 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: BETTY M. ECKEBRECHT

07/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: EXD () Delete
Name: LESPERANCE, MEL E
Address: 8610 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 336371000

Title: D-P () Delete
Name: OLIVER, RUSSELL
Address: 220 BEAR HILL ROAD
City-St-Zip: WALTHAM, MA 024511004

Title: PE-D () Delete
Name: BAKOWSKI, JOHN
Address: 8 THE CEDARS
City-St-Zip: ST CATHERINES, ON L2M 6M8 CN

Title: DS () Delete
Name: CALDERON, STEVEN
Address: 660 HAMPSHIRE RD., STE 214
City-St-Zip: WESTLAKE VILLAGE, CA 913612558

Title: DT () Delete
Name: DONELAN, EDWARD J
Address: 1689 ROUTE 22
City-St-Zip: BREWSTER, NY 10509

Title: D (X) Delete
Name: ALLEN, JERRY V
Address: 1762 CLIFTON RD
City-St-Zip: ATLANTA, GA 30322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: DUNN, DONNA F
Address: 8610 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 336371000

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

Title: () Change () Addition
Name:
Address:
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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: DONNA F. DUNN

CEO

07/18/2005

Electronic Signature of Signing Officer or Director

Date