2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

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Entity Name: BICSI CARES, INC.

Current Principal Place of Business:

8610 HIDDEN RIVE PKY
TAMPA, FL 33637 US

New Principal Place of Business:

8610 HIDDEN RIVER PKY
TAMPA, FL 33637 US

Current Mailing Address:

8610 HIDDEN RIVE PDY
TAMPA, FL 33637 US

New Mailing Address:

8610 HIDDEN RIVER PKY
TAMPA, FL 33637 US

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:

ECKEBRECHT, BETTY M CFO
8610 HIDDEN RIVER PARKWAY
TAMPA, FL 336371000 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: CEO ( ) Delete
Name: DUNN, DONNA F
Address: 8610 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 336371000 US

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

Title: PE-D ( ) Delete
Name: DONELAN, EDWARD J
Address: 551 ROUTE 22
City-St-Zip: PAWLING, NY 12564 US

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

Title: DT ( ) Delete
Name: BRIAN, HANSEN
Address: 4990 NORTH HIGHWAY 169
City-St-Zip: NEW HOPE, MN 55428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition
Name: CRANMER, DAVID C
Address: 8610 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 336371000 US

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

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

Title: DS (X) Change ( ) Addition
Name: CHARLAND, PETER P III
Address: 10 RUSSELL ROAD
City-St-Zip: FRAMINGHAM, MA 01702 US

Title: DT (X) Change ( ) Addition
Name: BRIAN, HANSEN
Address: 14195 DAVENPORT PATH
City-St-Zip: ROSEMOUNT, MN 55068 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID C CRANMER ED 05/01/2007
Electronic Signature of Signing Officer or Director — Date