

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004043

Entity Name: BICSI CARES, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

8610 HIDDEN RIVER PKY  
TAMPA, FL 33637 US

## New Principal Place of Business:

## Current Mailing Address:

8610 HIDDEN RIVER PKY  
TAMPA, FL 33637 US

## New Mailing Address:

FEI Number: 59-3419229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ECKEBRECHT, BETTY M ED  
8610 HIDDEN RIVER PARKWAY  
TAMPA, FL 336371000 US

## Name and Address of New Registered Agent:

ECKEBRECHT, BETTY M  
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

03/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: ECKEBRECHT, BETTY M  
Address: 8610 HIDDEN RIVER PARKWAY  
City-St-Zip: TAMPA, FL 336371000 US

Title: D-P ( ) Delete  
Name: DONELAN, EDWARD J  
Address: 3204 ROUTE 22  
City-St-Zip: PATTERSON, NY 12563 US

Title: PE-D ( ) Delete  
Name: HANSEN, BRIAN  
Address: 14195 DAVENPORT PATH  
City-St-Zip: ROSEMOUNT, MN 55068 US

Title: DS ( ) Delete  
Name: CHARLAND, PETER P III  
Address: 901 SOUTH BEND STREET  
City-St-Zip: BALTIMORE, MD 212313300 US

Title: DT ( ) Delete  
Name: CRAIG, JAMES RAY  
Address: 520 LYNN COURT  
City-St-Zip: COPPELL, TX 75019 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: CLARK, JOHN D JR  
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: KLAUCK, CHRISTINE  
Address: 15 FREDDYS LANE  
City-St-Zip: BROOKFIELD, CT 06804 US

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

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: BETTY M ECKEBRECHT

CFO

03/23/2009

Electronic Signature of Signing Officer or Director

Date