2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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Entity Name: BICSI CARES, INC.

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
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
Name: CLARK, JOHN D JR
Address: 8610 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 336371000 US

Title: D-P
Name: BOWMAN, JERRY L
Address: 9300 SHELBYVILLE RD STE 1000
City-St-Zip: LOUISVILLE, KY 40222 US

Title: D-P
Name: COLLINS, MICHAEL
Address: 5002 FOXDALE DR
City-St-Zip: HOUSTON, TX 77084 US

Title: DS
Name: KLAUCK, CHRISTINE
Address: 114-A WASHINGTON STREET
City-St-Zip: NORWALK, CT 06854 US

Title: DT
Name: ENSIGN, BRIAN
Address: 2088 BERNAYS DR
City-St-Zip: YORK, PA 17404 US

Title: CFO
Name: ECKEBRECHT, BETTY M
Address: 8610 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 33637

I hereby 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 all other like empowered.

SIGNATURE: BETTY M ECKEBRECHT CFO 01/05/2012

Electronic Signature of Signing Officer or Director — Date