2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# P00000081165

Entity Name: INDEPENDENT LIVING CARE PLANS INC.

Current Principal Place of Business:

1 WEST CAMINO REAL BLVD.
SUITE 212
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1 WEST CAMINO REAL BLVD.
SUITE 212
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1051590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, EDDY F
1 WEST CAMINO REAL BLVD.
SUITE 212
BOCA RATON, FL 33432

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, JIM
Address: 4200 N OCEAN DR APT #301-1
City-St-Zip: SINGER ISLAND, FL 33404

Title: VP ( ) Delete
Name: DELLERSON, M.D., GARY
Address: 2402 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete
Name: FERNANDEZ, EDDY F
Address: 6423 COLLINS AVE APT. NO 8
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. JOHNSON P 04/06/2004

Electronic Signature of Signing Officer or Director — Date