2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003
Secretary of State

DOCUMENT# P00000095116

Entity Name: VERICARE OF FLORIDA, INC.

Current Principal Place of Business:

4715 VIEWRIDGE AVENUE
230
SAN DIEGO, CA 921231680

New Principal Place of Business:

Current Mailing Address:

4715 VIEWRIDGE AVENUE
SAN DIEGO, CA 921231680

New Mailing Address:

FEI Number: 33-0931841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A ESQ.
205 NORTH PARSONS AVENUE
SUITE A
BRANDON, FL 335104515 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COOPER, M.D., THOMAS P
Address: 205 NORTH PARSONS AVENUE SUITE A
City-St-Zip: BRANDON, FL 335104515

Title: VPST ( ) Delete
Name: CASCIANI, PHD, JOSEPH M
Address: 205 NORTH PARSONS AVENUE SUITE A
City-St-Zip: BRANDON, FL 335104515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COOPER, M.D., THOMAS P
Address: 4715 VIEWRIDGE AVENUE, SUITE 230
City-St-Zip: SAN DIEGO, CA 921231680

Title: VPST (X) Change ( ) Addition
Name: CASCIANI, PHD, JOSEPH M
Address: 4715 VIEWRIDGE AVENUE, SUITE 230
City-St-Zip: SAN DIEGO, CA 921231680

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: JOSEPH M. CASCIANI, PH.D. VPST 04/11/2003

Electronic Signature of Signing Officer or Director — Date