

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103296

Entity Name: ZONECARE USA, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

210 NE 6TH AVENUE  
#5  
DELRAY BEACH, FL 33483 US

## Current Mailing Address:

P.O. BOX 3107  
DELRAY BEACH, FL 33447 US

## New Principal Place of Business:

223 NE 5TH AVE  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

P.O. BOX 8379  
DELRAY BEACH, FL 33482 US

FEI Number: 65-1052296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANCISCO, VAN MARISSING  
210 NE 6TH AVENUE  
#5  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

FENOGLIO, JAMES P  
223 NE 5TH AVE  
DELRAY BEACH, FL 33483 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: JAMES P. FENOGLIO

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ATKINS, JASON E  
Address: 400 EAST COLONIAL DRIVE #602  
City-St-Zip: ORLANDO, FL 32803

Title: DP ( ) Delete  
Name: BUSCARINI, JAMES K  
Address: 210 NE 6TH AVE  
City-St-Zip: DELRAY BEACH, FL 33447

Title: DST ( ) Delete  
Name: WILSON, PATRICIA M  
Address: 210 NE 6TH AVE #5  
City-St-Zip: DELRAY BEACH, FL 33447

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change ( ) Addition  
Name: BUSCARINI, JAMES K  
Address: 16601 SEDONA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: DST (X) Change ( ) Addition  
Name: WILSON, PATRICIA M  
Address: 955 BOLENDER DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

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 P. FENOGLIO

CFO

04/28/2005

Electronic Signature of Signing Officer or Director

Date