2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P01000060709

Entity Name: CAREPLUS MEDICAL INC.

Current Principal Place of Business:

853 N W 41ST COURT
POMPANO BEACH, FL 33064

New Principal Place of Business:

1121 S. MILITARY TRAIL
SUITE 354
DEERFIELD BEACH, FL 33442

Current Mailing Address:

853 N W 41ST COURT
POMPANO BEACH, FL 33064

New Mailing Address:

121 S. MILITARY TRAIL
SUITE 354
DEERFIELD BEACH, FL 33442

FEI Number: 65-1118026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUADRA, LOUIS
853 N W 41ST COURT
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

CUADRA, LOUIS
1121 S. MILITARY TRAIL
SUITE 354
DEERFIELD BEACH, FL 33442 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: 02/18/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUADRA, LOUIS
Address: 853 NW 41 COURT
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CUADRA, LOUIS
Address: 1121 S. MILITARY TRAIL # 354
City-St-Zip: DEERFIELD BEACH, FL 33442

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS CUADRA P 02/18/2009
Electronic Signature of Signing Officer or Director — Date