2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000069931

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: WORLD HEALTH CARE ENTERPRISES, INC.

Current Principal Place of Business:

2530 SW 87 AVE STE 1
MIAMI, FL 33165

New Principal Place of Business:

6320 PENT PLACE
MIAMI LAKES, FL 33014

Current Mailing Address:

2530 SW 87 AVE STE 1
MIAMI, FL 33165

New Mailing Address:

6320 PENT PLACE
MIAMI LAKES, FL 33014

FEI Number: 65-1121947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, ALEXANDER F
2530 SW 87 AVE STE 1
MIAMI, FL 33165

Name and Address of New Registered Agent:

GARCIA, ALEXANDER F
6320 PENT PLACE
MIAMI LAKES, FL 33014

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: ______________________ 04/29/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GARCIA, ALEXANDER F
Address: 2530 SW 87 AVE STE 1
City-St-Zip: MIAMI, FL 33165

Title: VT ( ) Delete
Name: RIOS-MOORE, PAMELA
Address: 2530 SW 87 AVE STE 1
City-St-Zip: MIAMI, FL 33165

Title: VS (X) Delete
Name: VARONA, CARLOS E
Address: 2530 SW 87 AVE STE 1
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GARCIA, ALEXANDER F
Address: 6320 PENT PLACE
City-St-Zip: MIAMI LAKES, FL 33014

Title: VT (X) Change ( ) Addition
Name: RIOS-MOORE, PAMELA
Address: 6320 PENT PLACE
City-St-Zip: MIAMI LAKES, FL 33014

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: ALEXANDER F GARCIA P 04/29/2002
Electronic Signature of Signing Officer or Director — Date