2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027013

Entity Name: EPSIS CARE, INC

FILED May 19, 2004 Secretary of State

y		((C, 1140)				
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
1406 SHADOW BAY LANE BRANDON, FL 33510 US			10925 NORTH 29TH STREET TAMPA, FL 33612 US			
Current Mailing Address:			New Maili	New Mailing Address:		
1406 SHADOW BAY LANE BRANDON, FL 33510 US			10925 NORTH 29TH STREET TAMPA, FL 33612 US			
FEI Number:	54-2102414	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
TAMPA, FL	/ATER DRIVE 33615 US	3				
The above in the State		submits this statement for the pu	urpose of changing i	ts registered (office or registered agent, or both,	
SIGNATUR	E:					
	Electron	ic Signature of Registered Ager	nt	Date		
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () Delete DAVIS, SHEILA A 5561 BAYWATER DRIVE TAMPA, FL 33615 US		Title: Name: Address: City-St-Zip:	VP (X DAVIS, SHEIL/ 5561 BAYWAT TAMPA, FL 33	ER DRIVE	
Title: Name: Address: City-St-Zip:	VP () Delete RODRIGUEZ, KANYON S 1406 SHADOW BAY LANE BRANDON, FL 33510 US		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CFO () Delete RAMOS, EMILY J 5309 SPECTACULAR BID DRIVE WESLEY CHAPEL, FL 33544 US		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () Delete MCDONALD, MALCOLM S 10925 NORTH 29TH STREET TAMPA, FL 33612 US		Title: Name: Address: City-St-Zip:	Name: Address:		
Title: Name: Address: City-St-Zip:	VP () Delete FARMER, JOHN A 310 NORTH MOON AVENUE BRANDON, FL 33510 US		Title: Name: Address:	CEO (X FARMER, JOH 310 NORTH M		

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: JOHN A FARMER CEO 05/19/2004