2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P03000027013

Entity Name: EPSIS CARE, INC.

Current Principal Place of Business:

10925 NORTH 29TH STREET
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

10925 NORTH 29TH STREET
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 54-2102414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, SHEILA A
5561 BAYWATER DRIVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

MCDONALD, MALCOLM S
10925 NORTH 29TH STREET
TAMPA, FL 33612 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: MALCOLM MCDONALD 04/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: DAVIS, SHEILA A
Address: 5561 BAYWATER DRIVE
City-St-Zip: TAMPA, FL 33615 US

Title: VP ( ) Delete
Name: RODRIGUEZ, KANYON S
Address: 1406 SHADOW BAY LANE
City-St-Zip: BRANDON, FL 33510 US

Title: CFO ( ) Delete
Name: RAMOS, EMILY J
Address: 5309 SPECTACULAR BID DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: VP (X) Delete
Name: MCDONALD, MALCOLM S
Address: 10925 NORTH 29TH STREET
City-St-Zip: TAMPA, FL 33612 US

Title: CEO (X) Delete
Name: FARMER, JOHN A
Address: 310 NORTH MOON AVENUE
City-St-Zip: BRANDON, FL 33510 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCDONALD, MALCOLM S
Address: 10925 NORTH 29TH STREET
City-St-Zip: TAMPA, FL 33612 US

Title: VP (X) Change ( ) Addition
Name: MCDONALD, KIMBERLY K
Address: 10925 NORTH 29TH STREET
City-St-Zip: TAMPA, FL 33612 US

Title: VP (X) Change ( ) Addition
Name: FARMER, JOHN A
Address: 1012 BALAYE VISTA CIRCLE, #103
City-St-Zip: TAMPA, FL 33619 US

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

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: MALCOLM MCDONALD P 04/25/2005
Electronic Signature of Signing Officer or Director Date