

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000027013

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** EPSIS CARE, INC.

**Current Principal Place of Business:**

10925 NORTH 29TH STREET  
TAMPA, FL 33612 US

**New Principal Place of Business:**

2506 CUB PLACE  
SEFFNER, FL 33584 US

**Current Mailing Address:**

10925 NORTH 29TH STREET  
TAMPA, FL 33612 US

**New Mailing Address:**

2506 CUB PLACE  
SEFFNER, FL 33584 US

**FEI Number:** 54-2102414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCDONALD, MALCOLM S  
10925 NORTH 29TH STREET  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

FARMER, JOHN A  
2506 CUB PLACE  
SEFFNER, FL 33584 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: JOHN FARMER

08/31/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FARMER, JOHN A  
Address: 2506 CUB PLACE  
City-St-Zip: SEFFNER, FL 33584 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN FARMER

P

08/31/2010

Electronic Signature of Signing Officer or Director

Date