

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000039592

Entity Name: CAREWAVE, INC.

FILED
Mar 15, 2005
Secretary of State

Current Principal Place of Business:

321 SIXTH AVE.
INDIALANTIC, FL 329034301

New Principal Place of Business:

1370 GRAND CAYMAN DR.
MERRITT ISLAND, FL 32952

Current Mailing Address:

321 SIXTH AVE.
INDIALANTIC, FL 329034301

New Mailing Address:

1370 GRAND CAYMAN DR.
MERRITT ISLAND, FL 32952

FEI Number: 56-2349464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

METCALF, DAVID
321 SIXTH AVE.
INDIALANTIC, FL 329034301 US

Name and Address of New Registered Agent:

METCALF, DAVID S
1370 GRAND CAYMAN DR.
MERRITT ISLAND, FL 32952 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: DAVID S METCALF II

03/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: METCALF, DAVID
Address: 321 SIXTH AVE.
City-St-Zip: INDIALANTIC, FL 329034301

Title: D (X) Delete
Name: WILSON, MICHAEL
Address: 321 SIXTH AVE.
City-St-Zip: INDIALANTIC, FL 329034301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: METCALF, DAVID S
Address: 1370 GRAND CAYMAN DR.
City-St-Zip: MERRITT ISLAND, FL 32952

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: DAVID S METCALF II

D

03/15/2005

Electronic Signature of Signing Officer or Director

Date