
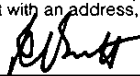


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90032 014 \*\*\*158.75

<b>DOCUMENT # P05000143422</b> 1. Entity Name POINT OF CARE, INC.					
Principal Place of Business 2937 SW 27TH AVE SUITE 306 COCONUT GROVE, FL 33133			Mailing Address 2937 SW 27TH AVE SUITE 306 COCONUT GROVE, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3795463	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BARRETT, ROBERT C 2937 SW 27TH AVE SUITE 305 COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BARRETT, ROBERT C <input checked="" type="checkbox"/> Delete 2937 S.W 27TH AVENUE SUITE 305 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARRETT, ROBERT C 2937 SW 27TH AVENUE SUITE 305 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BUEKER, RICHARD A 1718 E. 97TH TERRACE KANSAS CITY, MO 64131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHAKKAVORTY, BONNIE J. 6728 SONYA DRIVE NASHVILLE, TN 37209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MCCONNELL, MICHAEL R 3561 INVERNESS BLVD.. SUITE 2000 CARMEL, IN 46032		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete REES, AB 810 W 57TH TERRACE KANSAS CITY, MO 64113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete SANDHAUS, ROBERT A 5005 KING CREST LANE BOW MAR, CO 80123		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANDHAUS, ROBERT A. 5005 KING CREST LANE BOW MAR, CO 80123	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete WALSH, JOHN W 2937 SW 27TH AVE SUITE 305 COCONUT GROVE, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			ROBERT C. BARRETT, CEO		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			02/04/08 305-648-9540 <small>Date Daytime Phone #</small>		

# ATTACHMENT

Point of Care, Inc.

2937 SW 27th Avenue, Suite 306

Coconut Grove, FL 33133

Attachment for Document #: P05000143422

40018901

Block 11: Changes and Additions to Officers  
and Directors in Block 10

## Addition

D

Bueker, Richard A.  
1718 E. 97th Terrace  
Kansas City, MO 64131

## Addition

D

Greene, Robert L., Jr.  
3541 Sunrise Ridge  
Twin Lake, MI 49457

## Addition

D

Masterson, Patricia A.  
164 Riverdell Drive  
Saunderstown, RI 02874