2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000143422

Entity Name: POINT OF CARE, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2937 SW 27TH AVE SUITE 306 COCONUT GROVE, FL 33133 **Current Mailing Address: New Mailing Address:** 2937 SW 27TH AVE SUITE 306 COCONUT GROVE, FL 33133 FEI Number: 20-3795463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRETT, ROBERT C 2937 SW 27TH AVE SUITE 305 COCONUT GROVE, FL 33133 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DCFO () Delete Title: DCFO (X) Change () Addition BARRETT, ROBERT C Name: Name: BARRETT, ROBERT C 2937 SW 27TH AVENUE SUITE 305 2937 SW 27TH AVENUE SUITE 305 Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133 SD Title: Title: () Delete () Change () Addition CHAKRAVORTY, BONNIE J Name: Name: 6728 SONYA DRIVE Address: Address: NASHVILLE, TN 37209 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: TD MCCONNELL, MICHAEL R GREENE, JR., ROBERT L Name: Name: 3561 INVERNESS BLVD.. SUITE 2000 3541 SUNRISE RIDGE Address: Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip: TWIN LAKE, MI 49457 Title: DC () Delete Title: () Change () Addition REES, AB Name: Name: 810 W 57TH TERRACE Address: Address: City-St-Zip: KANSAS CITY, MO 64113 City-St-Zip: Title: Title: () Delete (X) Change () Addition SANDHAUS, ROBERT Name: SANDHAUS, ROBERT Name: 5005 KING CREST LANE Address: 2937 SW 27TH AVE. SUITE 305 Address: City-St-Zip: LITTLETON, CO 80123 City-St-Zip: COCONUT GROVE, FL 33133 Title: () Delete Title: () Change () Addition Name: WALSH, JOHN W Name: 2937 SW 27TH AVE SUITE 305 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT C. BARRETT DCEO 04/15/2009