## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000143422

Entity Name: POINT OF CARE, INC.

FILED Apr 23, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2937 SW 27TH AVE

SUITE 306

COCONUT GROVE, FL 33133 1

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 ( )

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

## **OFFICERS AND DIRECTORS:**

Title: DCEO

Name: BARRETT, ROBERT C

Address: 2937 SW 27TH AVENUE SUITE 305 City-St-Zip: COCONUT GROVE, FL 33133 1

Title: SD

Name: CHAKRAVORTY, BONNIE J Address: 6728 SONYA DRIVE City-St-Zip: NASHVILLE, TN 37209 1

Title: TD

Name: GREENE, JR., ROBERT L Address: 3541 SUNRISE RIDGE City-St-Zip: TWIN LAKE, MI 49457 1

Title: DC Name: REES, AB

Address: 810 W 57TH TERRACE City-St-Zip: KANSAS CITY, MO 64113 1

Title: DC

Name: MCCONNELL, MICHAEL R
Address: 3561 INVERNESS BLVD.
City-St-Zip: CARMEL, IN 46032 1

Title: DP

Name: WALSH, JOHN W

Address: 2937 SW 27TH AVE SUITE 305 City-St-Zip: COCONUT GROVE, FL 33133 1

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: ROBERT BARRETT DCO 04/23/2012