

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000085506

Entity Name: SYBER CARE, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14565 NW 16TH DR.  
MIAMI, FL 33167

**New Principal Place of Business:**

**Current Mailing Address:**

14565 NW 16TH DR.  
MIAMI, FL 33167

**New Mailing Address:**

FEI Number: 26-3410708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLIVER, WILLIE J  
14565 NW 16TH DR.  
MIAMI, FL 33167 US

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

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: P  
Name: OLIVER, WILLIE J  
Address: 14565 NW 16TH DR.  
City-St-Zip: MIAMI, FL 33167

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: WILLIE J. OLIVER

P

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date