2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000036976

1. Entity Name
GEO CARE, INC.

Principal Place of Business	Mailing Address
621 NW 53RD ST STE 700 BOCA RATON, FL 33487	621 NW 53RD ST STE 700 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0749307

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULFIN, JOHN J
621 NW 53RD ST
STE 700
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	WATSON, DAVID
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	T
NAME	O'ROURKE, JOHN G
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	PD
NAME	DOMINICIS, JORGE A
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	DC
NAME	ZOLEY, GEORGE C
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	S
NAME	BULFIN, JOHN J
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	CALABRESE, WAYNE H
STREET ADDRESS	621 NW 53RD ST STE 700
CITY-ST-ZIP	BOCA RATON, FL 33487

U00000554850
05/16/06-80008-025 150.00

DO NOT WRITE IN THIS SPACE

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: _____ DAVID N.T. WATSON
Treasurer & VP, Finance
The GEO Group, Inc. 4-28-06 561-999-7427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #