2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000004279

Entity Name: DYNAMIC CARE, INC.

FILED Jan 04, 2005 Secretary of State

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

609 MAITLAND AVE

STE 4

ALTAMONTE SPRINGS, FL 32701

New Mailing Address: Current Mailing Address:

609 MAITLAND AVE STE 4

ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3562271 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:

LOPERFITO, DAMION LOPERFITO, DAMION S 609 MAITLAND AVE STE 4 609 MAITLAND AVE

ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32701 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: DAMION S. LOPERFITO 01/04/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: LOPERFITO, DAMION LOPERFITO, DAMION S Name: Name: 609 MAITLAND AVE STE4 Address: 609 MAITLAND AVE STE4 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: DAMION S. LOPERFITO PS 01/04/2005