2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# P99000006812

Entity Name: WELLMAN CARE, INC.

Current Principal Place of Business:

4655 S MILITARY TRAIL
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4655 S MILITARY TRAIL
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0902023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLMAN, LYNNE M
5858 LAGORCE CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

WELLMAN, LYNNE M
8740 BAYSTONE COVE
BOYNTON BEACH, FL 33437 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: 01/17/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WELLMAN, LYNNE M
Address: 5858 LAGORCE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: WELLMAN, NICHOLAS P II
Address: 5858 LAGORCE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WELLMAN, LYNNE M
Address: 8740 BAYSTONE COVE
City-St-Zip: BOYNTON BEACH, FL 33247

Title: D (X) Change ( ) Addition
Name: WELLMAN, NICHOLAS P II
Address: 8740 BAYSTONE COVE
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNNE WELLMAN D 01/17/2007
Electronic Signature of Signing Officer or Director — Date