2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# P99000086212

Entity Name: COMMUNICARE, INC.

Current Principal Place of Business:

2769 WHITNEY ROAD
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18020
CLEARWATER, FL 337628020

New Mailing Address:

FEI Number: 59-3601585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KENNEDY, THOMAS J
2950 MAPLE TRACE
TARPON SPRINGS, FL 34689 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KENNEDY, THOMAS J	
Address:	2950 MAPLE TR.	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	VPTS	( ) Delete
Name:	WELLS, PHILIP S	
Address:	4804 HAYRIDE CT.	
City-St-Zip:	TAMPA, FL 33624	
Title:	VP	( ) Delete
Name:	STEELE, RONALD	
Address:	349 BANYAN DRIVE	
City-St-Zip:	WINTER HAVEN, FL 33884	
Title:	VP	( ) Delete
Name:	GALLOWAY, JR., PH.D, A NELSON	
Address:	3866 LACOSTA LANE	
City-St-Zip:	CLEARWATER, FL 33771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 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: PHILLIP S WELLS VPTS 04/14/2004

Electronic Signature of Signing Officer or Director — Date