2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000092489

Entity Name: MEDCARE.COM, INC.

Current Principal Place of Business:

3389 SHERIDAN ST. #295
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

3389 SHERIDAN ST. #295
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0956019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANNO, RUSSELL
3389 SHERIDAN ST. #295
HOLLYWOOD, FL 33021

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JAFFEE, SCOTT
Address: 1688 WEST AVENUE STE 601
City-St-Zip: MIAMI, FL 33139

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: ANNO, RUSSELL
Address: 3389 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

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: RUSSELL ANNO D 04/18/2002

Electronic Signature of Signing Officer or Director — Date