2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# P03000083576

Entity Name: MEDICOR HEALTHCARE, INC.

Current Principal Place of Business:

1419 W WATERS AVE
SUITE 103
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 270999
TAMPA, FL 33688

New Mailing Address:

FEI Number: 88-0516994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DELGADO, MANUEL
1419 W WATERS AVE
SUITE 103
TAMPA, FL 33604

Name and Address of New Registered Agent:

DELGADO, MANUEL JR
1419 W WATERS AVE
SUITE 103
TAMPA, FL 33604

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: MANUEL DELGADO JR 03/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DELGADO, MANUEL
Address: P.O. BOX 270999
City-St-Zip: TAMPA, FL 33688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DELGADO, MANUEL JR
Address: P.O. BOX 270999
City-St-Zip: TAMPA, FL 33688

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: MANUEL DELGADO JR P 03/11/2004
Electronic Signature of Signing Officer or Director Date