

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083576

Entity Name: MEDICOR HEALTHCARE, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

1419 W WATERS AVE
SUITE 103
TAMPA, FL 33604

New Principal Place of Business:

3403 W WATERS AVE
TAMPA, FL 33614

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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DELGADO, MANUEL JR
3403 W WATERS AVE
TAMPA, FL 33614 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:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MANUEL DELGADO JR

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date