2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# 587158

Entity Name: GLOBAL HEALTH CARE, INC.

Current Principal Place of Business:

11175 STARKEY ROAD
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

11175 STARKEY ROAD
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-1853449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C,JR.
625 COURT STREET
CLEARWATER, FL 34615 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: PD ( ) Delete
Name: CROCKETT, DENTON W JR.
Address: 11175 STARKEY ROAD
City-St-Zip: LARGO, FL 337734821

Title: VD ( ) Delete
Name: MURPHY, FRANK V III
Address: 16331 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: STD ( ) Delete
Name: BABKA, JOHN C. M.D
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete
Name: BEAUCHAMP, PHILIP K
Address: 601 MAIN ST
City-St-Zip: DUNEDIN, FL 34698

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: DENTON W. CROCKETT, JR. PD 04/22/2004

Electronic Signature of Signing Officer or Director Date