
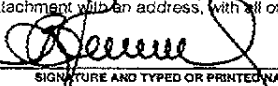


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # F02000001046 1. Entity Name MEDCARE ADVANTAGE, INC. | | | |  | |
| Principal Place of Business 1011 CAMINO DEL RIO SOUTH STE 320 SAN DIEGO, CA 92108 | | | Mailing Address 1011 CAMINO DEL RIO SOUTH STE 320 SAN DIEGO, CA 92108 | | |
| 2. Principal Place of Business Suite, Apt #, etc | | | 3. Mailing Address Suite, Apt #, etc | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 07232004 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 33-0569688 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOLD, AARON J 704 W. BAY ST. TAMPA, FL 33606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CAVANAUGH, WILLIAM 2702 JACARANDA AVE. CARLSBAD, CA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> U000000169481 08/06/04-80002-013 550.00 </div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BALISKY, BERTHA 196 PEPPERTREE RD CHULA VISTA, CA | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 8-2-04 619-543-9891 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |