

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

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|---|--|---------|--|---|--|
| 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 | | 4. FEI Number 33-0569688 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 FL Zip Code | | | | | |
| 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 \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May 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 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | UD00000425171 02/18/06-80082-015 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BALISKY, BERTHA 196 PEPPERTREE RD CHULA VISTA CA | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Add | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **BERTHA BALISKY** 2/1/06 619-543-982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #