

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000002661

FILED
Apr 24, 2003
Secretary of State

Entity Name: MEDACARE, INC.

Current Principal Place of Business:

100 ALMENA AVE SUITE 230
UNIT 1305
MIAMI LAKES, FL 33016

New Principal Place of Business:

8530 NW 140 SREET
UNIT 1305
MIAMI LAKES, FL 33016

Current Mailing Address:

100 ALMENA AVE SUITE 230
UNIT 1305
MIAMI LAKES, FL 33016

New Mailing Address:

8530 NW 140 STREET
UNIT 1305
MIAMI LAKES, FL 33016

FEI Number: 65-0475313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRANZA, CARLOS D
100 ALMENA AVE SUITE 230
UNIT 1305
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

CARRANZA, CARLOS D
8530 NW 140 STREET
UNIT 1305
MIAMI LAKES, FL 33016 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: CRLOS D. CARRANZA

04/24/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CARRANZA, CARLOS D
Address: 100 ALMENA AVE SUITE 230 UNIT 1305
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CARRANZA, CARLOS D
Address: 8530 NW 140 STREET UNIT 1305
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: XXX () Change (X) Addition
Name: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X XXXXXXXX
Address: XX
City-St-Zip: XXXXXXXX, XX XXXXXXXX XX

Title: XXXX () Change (X) Addition
Name: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXX, XX XXXXXXXX XX

Title: XXX () Change (X) Addition
Name: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXX, XX XXXXXXXX XX

Title: XXXX () Change (X) Addition
Name: XXXXXXXXXXXXXXXX, XXXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXX, XX XXXXXXXX XX

Title: XXXX () Change (X) Addition
Name: XXXXXXXXXXXXXXXX, XXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXX, XX XXXXXXXX XX

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: CARLOS D. CARRANZA

PSD

04/24/2003

Electronic Signature of Signing Officer or Director

Date