2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# F95000000687

Entity Name: INTERCARE MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

160 E PARK AVE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2368
LAKE WALES, FL 338592368

New Mailing Address:

FEI Number: 51-0362743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: HERSHNER, DEBI
Address: 160 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: ST ( ) Delete
Name: FISH, CARL
Address: 160 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: RUMFELT, THOMAS B
Address: 250 E PARK AVE
City-St-Zip: LAKE WALES, FL 33853

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:

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: DEBI HERSHNER PRES 06/29/2005

Electronic Signature of Signing Officer or Director Date