2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# F96000001204

Entity Name: SPORTSCARE USA, INC.

Current Principal Place of Business:

820 JORDAN ST., #200
SHREVEPORT, LA 71101 US

New Principal Place of Business:

Current Mailing Address:

820 JORDAN ST., #200
SHREVEPORT, LA 71101

New Mailing Address:

FEI Number: 72-1132142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PDC ( ) Delete
Name: CANTERBURY, THOMAS R
Address: 820 JORDAN ST STE 200
City-St-Zip: SHREVEPORT, LA 71101

Title: VP ( ) Delete
Name: CANTERBURY, CHAD
Address: 11720 FARRAR ST
City-St-Zip: DALLAS, TX 75218

Title: STD ( ) Delete
Name: BROOKS, L C
Address: 23 ECHO RIDGE
City-St-Zip: HAUGHTON, LA 71037

Title: D ( ) Delete
Name: SANDEFUR, CLAY
Address: 224 N. MAIN ST
City-St-Zip: SPRINGHILL, LA 71075

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: CRAIG BROOKS STD 03/18/2004

Electronic Signature of Signing Officer or Director Date