

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001192

**FILED
Feb 02, 2004
Secretary of State**

Entity Name: CARE 24, INC.

Current Principal Place of Business:

585-B OLD NORCROSS RD.
LAWRENCEVILLE, GA 30045

New Principal Place of Business:

Current Mailing Address:

585-B OLD NORCROSS RD.
LAWRENCEVILLE, GA 30045

New Mailing Address:

FEI Number: 58-2261779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILTON, HIRSCH
8183 SWEETBRIAR WAY
BOCA RATON, FL 33496 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: MCGUINN, DENITA
Address: 585-B OLD NORCROSS RD.
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: VP () Delete
Name: HENDRY, WILLIAM
Address: 585-B OLD NORCROSS RD.
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: S () Delete
Name: HENDRY, DEBORAH
Address: 585-B OLD NORCROSS RD.
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: T () Delete
Name: MCGUINN, GREGORY
Address: 585-B OLD NORCROSS RD.
City-St-Zip: LAWRENCEVILLE, GA 30045

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: DENITA MCGUINN

P

02/02/2004

Electronic Signature of Signing Officer or Director

_____ Date