

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H50369

1. Entity Name
SUNCARE MANAGEMENT, INC.



**FILED
May 23, 2005 8:00 am
Secretary of State**

05-23-2005 90009 015 ***150.00

20059342



05202005 Chg-P CR2E034 (10/03)

Principal Place of Business
3011 NW 23RD WAY
FT. LAUDERDALE, FL 33311 US

Mailing Address
P.O. BOX 551447
FT LAUDERDALE, FL 33355 US

2. Principal Place of Business
9915 RIDGE TRACE
Suite, Apt. #, etc.
DAVIE, FL
Zip 33328 Country BROWARD

3. Mailing Address
Suite, Apt. #, etc.
City & State
City & State
Zip 33328 Country BROWARD

4. FEI Number
59-2514220

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAU, LARRY
9915 RIDGE TRACE
DAVIE, FL 33328

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input type="checkbox"/> Delete LAU, LARRY 9915 RIDGE TRACE DAVIE, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Larry A. Lau*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-05

Date

Daytime Phone #