2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004
Secretary of State

DOCUMENT# J09895

Entity Name: HEALTH CARE INVESTORS, INC.

Current Principal Place of Business:

6166 LEESBURG PIKE
D-414
FALLS CHURCH, VA 22044 US

New Principal Place of Business:

46319 STRATTON TERRACE
102
STERLING, VA 20165 US

Current Mailing Address:

6166 LEESBURG PIKE
D-414
FALLS CHURCH, VA 22044 US

New Mailing Address:

46319 STRATTON TERRACE
102
STERLING, VA 20165 US

FEI Number: 59-2674413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSAMA, KAYALI, CPA
7628 N 56TH STREET STE 2
TAMPA, FL 33617 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELKADI, IMAN
Address: 6166 LEESBURG PIKE #A-403
City-St-Zip: FALLS CHURCH, VA 22044 US

Title: STD ( ) Delete
Name: MOSTAFA, ABDEL M
Address: 6166 LEESBURG PIKE #A-207
City-St-Zip: FALLS CHURCH, VA 22044 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ELKADI, IMAN
Address: 20453 CHESAPEAKE SQUARE, #103
City-St-Zip: STERLING, VA 20165 US

Title: STD (X) Change ( ) Addition
Name: MOSTAFA, ABDEL M
Address: 46319 STRATTON TERRACE, # 102
City-St-Zip: STERLING, VA 20165 US

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: IMAN A. ELKADI PD 07/06/2004

Electronic Signature of Signing Officer or Director Date