

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K60228

FILED
Mar 24, 2004
Secretary of State

Entity Name: MEDICAL HOME CARE PROGRAM, INC.

Current Principal Place of Business:

7003 N WATERWAY DR
213
MIAMI, FL 33155896 US

New Principal Place of Business:

Current Mailing Address:

7003 N WATERWAY DR
213
MIAMI, FL 33155896 US

New Mailing Address:

FEI Number: 59-2933519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, EDNA K
1025 SOROLLA AVENUE
CORAL GABLES, FL 33134 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: S () Delete
Name: GARCIA, EDNA K
Address: 7003 N WATERWAY DR STE 213
City-St-Zip: MIAMI, FL 331552896

Title: P () Delete
Name: MEDELL, ROBERT
Address: 2680 S.W. 87TH AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT MEDELL

DIR

03/24/2004

Electronic Signature of Signing Officer or Director

Date