

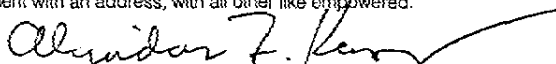


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L64247 1. Entity Name MEDIC CARE HEALTH SYSTEMS, INCORPORATED					
Principal Place of Business % ALGIRDAS F. KASPAR 6801 GULFPORT BLVD., S. SOUTH PASADENA FL 33707		Mailing Address % ALGIRDAS F. KASPAR 6801 GULFPORT BLVD., S. SOUTH PASADENA FL 33707			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KASPAR, ALGIRDAS, FL 6801 GULF PORT BLVD., SOUTH SOUTH PASADENA FL 33707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-3016216 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Barcode:  MOORE CR2E034 (11/03)	
SIGNATURE _____ (NOTE: Registered Agent signature required when relinquishing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KASPAR, ALGIRDAS 6801 GULFPORT BLVD S SOUTH PASADENA FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000017797 01/28/04-80109-024 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KASPAR, JUDITH M. 6801 GULFPORT BLVD S SOUTH PASADENA FL <input type="checkbox"/> Delete		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	
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	
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: 			Date: 1/21/04 Daytime Phone #: 727 3472 273		