
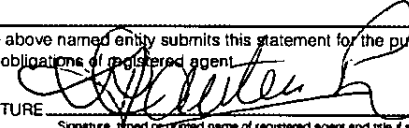



2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 MAR 26 PM 4:20

TALLAHASSEE, FLORIDA

DOCUMENT # M60318 1. Entity Name MEDICAL CARE INSTITUTE, INC.					
Principal Place of Business C/O HAYDEE QUIRANTES 2135 SW 8TH ST MIAMI, FL 33135			Mailing Address C/O HAYDEE QUIRANTES 2135 SW 8TH ST MIAMI, FL 33135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0021725				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIRANTES, HAYDEE 200 S.W. 32ND CT. RD. MIAMI, FL 33135			7. Name and Address of New Registered Agent Name FLORIDA ANNUAL REPORT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 Coral Way, Suite # 200 City Miami FL Zip Code 33145		
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  AMADA CANTERA LOPEZ 3/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PSTD QUIRANTES, HAYDEE 200 SW 32ND COURT/ROAD MIAMI, FL 33135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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:  3-18-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



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03/30/04--01070--016 **150.00

Handwritten signature/initials