

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043255

Entity Name: SUNCARE MEDICAL, INC.

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

28408 US HIGHWAY 19 N  
CLEARWATER, FL 33761

## New Principal Place of Business:

## Current Mailing Address:

28408 US HIGHWAY 19 N  
CLEARWATER, FL 33761

## New Mailing Address:

FEI Number: 59-3678216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMMONS, STEPHEN J  
321 SE 15TH AVE  
FT LAUDERDALE, FL 33301 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: VP ( ) Delete  
Name: ALLEGRI, MICHAEL  
Address: 11730 LIPSEY RD  
City-St-Zip: TAMP, FL 33618

Title: P ( ) Delete  
Name: ANDERSEN, GREG  
Address: 1130 FAIRWAY DR  
City-St-Zip: DUNEDIN, FL 34698

Title: ST ( ) Delete  
Name: MARCKESE, JAMIE  
Address: 2471 W SUNRISE STREET  
City-St-Zip: LECANTO, FL 34461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: JAMIE B MARCKESE

ST

05/01/2006

Electronic Signature of Signing Officer or Director

Date