2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# P00000071682

Entity Name: ALL CARE MEDICAL CLINIC INC.

Current Principal Place of Business:

11300 N.W. 87TH COURT
117
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

11300 N.W. 87TH COURT
117
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 65-1027605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, ALFREDO
8448 NW 196 TERRACE
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

CARMONA, MARVIN A
11300 NW 87TH COURT
117
HIALEAH GARDENS, FL 33016 US

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: MARVIN CARMONA 03/31/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SANCHEZ, ALFREDO
Address: 8448 NW 196 TERR
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARMONA, MARVIN A
Address: 11300 NW 87TH COURT
City-St-Zip: HIALEAH GARDENS, FL 33016

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: MARVIN A. CARMONA P 03/31/2005
Electronic Signature of Signing Officer or Director Date