

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103720

FILED
Apr 29, 2005
Secretary of State

Entity Name: FAMILY CARE MEDICAL GROUP, INC.

Current Principal Place of Business:

10244 EAST COLONIAL DRIVE STE #101
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10244 EAST COLONIAL DRIVE STE #101
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3680249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

G & L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 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: PD () Delete
Name: NEGRON, RAYMOND
Address: 10244 E. COLONIAL DR. SUITE 101
City-St-Zip: ORLANDO, FL 32817

Title: T () Delete
Name: NEGRON, CARMEN Z
Address: 741 WECKSLER CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: S () Delete
Name: NEGRON, EDNA M
Address: 10244 E. COLONIAL DR. SUITE 101
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: NEGRON, CARMEN Z
Address: 10244 E. COLONIAL DR. SUITE 101
City-St-Zip: ORLANDO, FL 32817

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: RAYMOND NEGRON

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date