


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000040930 1. Entity Name BETTER MEDICAL CARE, INC.	
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Principal Place of Business 8415 AUBURN CIRCLE ORLANDO, FL 32817	Mailing Address 852-31 SAXON BLVD ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3712155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

YOUSSEF, SHENOUDA
8415 AUBURN CIRCLE
ORLANDO, FL 32817

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000141433
04/30/04-80010-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YOUSSEF, SHENOUDA 8415 AUBURN CIRCLE ORLANDO, FL 32817
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IN THIS SPACE**

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:  _____

4/17/04 386 774 6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #