

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040930

Entity Name: BETTER MEDICAL CARE, INC.

FILED  
Apr 05, 2006  
Secretary of State

## Current Principal Place of Business:

852-31 SAXON BLVD  
ORANGE CITY, FL 32763

## New Principal Place of Business:

734 ELKCAM BLVD  
DELTONA, FL 32725

## Current Mailing Address:

852-31 SAXON BLVD  
ORANGE CITY, FL 32763

## New Mailing Address:

734 ELKCAM BLVD  
DELTONA, FL 32725

FEI Number: 59-3712155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOUSSEF, SHENOUDA  
8415 AUBURN CIRCLE  
ORLANDO, FL 32817 US

## Name and Address of New Registered Agent:

YOUSSEF, SHENOUDA  
734 ELKCAM BLVD  
DELTONA, FL 32725 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: SHENOUDA

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: YOUSSEF, SHENOUDA  
Address: 8415 AUBURN CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: MD ( ) Delete  
Name: SAMAAAN, MAGED  
Address: 852-31 SAXON BLVD  
City-St-Zip: ORANGE CITY, FL 32763

Title: T ( ) Delete  
Name: TAWADROUS, MALAK M  
Address: 852-31 SAXON BLVD  
City-St-Zip: ORANGE CITY, FL 32763

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: YOUSSEF, SHENOUDA  
Address: 734 ELKCAM BLVD  
City-St-Zip: DELTONA, FL 32725

Title: MD (X) Change ( ) Addition  
Name: SAMAAAN, MAGED  
Address: 734 ELKCAM BLVD  
City-St-Zip: DELTONA, FL 32725

Title: T (X) Change ( ) Addition  
Name: ELGALLAB, TAMER  
Address: 734 ELKCAM BLVD  
City-St-Zip: DELTONA, FL 32725

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: TAMER

T

04/05/2006

Electronic Signature of Signing Officer or Director

Date