

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000040930

Entity Name: BETTER MEDICAL CARE, INC.

FILED
Jun 12, 2006
Secretary of State

Current Principal Place of Business:

734 ELKCAM BLVD
DELTONA, FL 32725

New Principal Place of Business:

8415 AUBURN CIRCLE
ORLANDO, FL 32817

Current Mailing Address:

734 ELKCAM BLVD
DELTONA, FL 32725

New Mailing Address:

8415 AUBURN CIRCLE
ORLANDO, FL 32817

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
734 ELKCAM BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

MAWOUD FIKRY, FADY
8415 AUBURN CIRCLE
ORLANDO, FL 32817 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: FADY MAWOUD FIKRY

06/12/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: EGLALLIBE, TAMER
Address: 8415 AUBURN CIRCLE
City-St-Zip: ORLANDO, FL 32817

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: EGLALLIBE

T

06/12/2006

Electronic Signature of Signing Officer or Director

Date