

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040930

Entity Name: BETTER MEDICAL CARE, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

8415 AUBURN CIRCLE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

8415 AUBURN CIRCLE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3712155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

JALIL, GUILLERMO
915 DOYLE RD SUITE 303-195
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: GUILLERMO JALIL

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JALIL, GUILLERMO
Address: 915 DOYLE RD SUITE 303-195
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify 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: JALIL GUILLERMO

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date