2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081018

Entity Name: ACCU-CARE MANAGEMENT INC.

FILED Apr 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

646 WEST PALM DRIVE SUITE 300

FLORIDA CITY, FL 33034

New Mailing Address: Current Mailing Address:

FEI Number Applied For ()

646 WEST PALM DRIVE SUITE 300

FEI Number: 65-1136530

FLORIDA CITY, FL 33034

Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA-FERRO, MARILYN 646 WEST PALM DRIVE SUITE 300

FLORIDA CITY, FL 33034

GARCIA-FERRO, MARILYN

15846 SW 103 LANE MIAMI, FL 33196

18812 S.DIXIE HWY

18812 S.DIXIE HWY

MIAMI, FL 33157

FEI Number Not Applicable ()

MIAMI, FL 33157

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:

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete GARCIA-FERRO, MARILYN Name: 646 WEST PALM DRIVE SUITE 300 Address: City-St-Zip:

FLORIDA CITY, FL 33034

(X) Change () Addition Title: GARCIA-FERRO, MARILYN Name: Address: 15846 SW 103 LANE City-St-Zip: MIAMI, FL 33196

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 Statutés. 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: MARILYN GARCIA-FERRO PT 04/19/2004