



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90387 024 ***158.75

DOCUMENT # P02000006990 1. Entity Name UNIVERSAL CARE CONCEPTS, INC.					
Principal Place of Business 36189 EAST LAKE RD PALM HARBOR, FL 34685				Mailing Address PO BOX 1810 ELFERS, FL 34680	
2. Principal Place of Business 4651 Addax DR Suite, Apt. #, etc. NEW Port Richey		3. Mailing Address 4651 Addax DR Suite, Apt. #, etc. NEW Port Richey			
City & State FL		City & State NEW Port Richey FL		4. FEI Number 01-0572376	
Zip 34653		Country PASCO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, KATHLEEN L 5040 SOUTHSORE DR NEW PORT RICHEY, FL 34652				7. Name and Address of New Registered Agent Name JEANNIE A. SMITH Street Address (P.O. Box Number is Not Acceptable) 4651 Addax Drive City NEW Port Richey FL Zip Code 34653	
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 <u><i>Jeannie A. Smith</i></u> 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PHILLIPS, KATHLEEN L 5040 SOUTHSORE DR NPR, FL 34652		TITLE NAME STREET ADDRESS CITY-ST-ZIP	← PHILLIPS, KATHLEEN L.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, RICHARD G 5040 SOUTHSORE DR NPR, FL 34652		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, JAMES E 4651 ADDAX DR. NPR, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, JEANNIE A 4651 ADDAX DR NPR, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P SMITH, JEANNIE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4651 Addax DR NEW Port Richey FL 34653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jeannie A. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/26/04 <small>Date</small>		727-271-1518 <small>Daytime Phone #</small>