


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000034453

1. Entity Name
A.S.A. MEDICAL CARE PLUS: INC.



Principal Place of Business
**2525 NW 54TH ST
 MIAMI, FL 33142**

Mailing Address
**2525 NW 54TH ST
 MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
45-0470686

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ACEVEDO, ARMANDO E
 8961 SW 27TH ST
 MIAMI, FL 33165**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACEVEDO, ARMANDO E
STREET ADDRESS	2525 NW 54TH ST
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	D
NAME	SAURA, LOURDES
STREET ADDRESS	189 CARLISLE DR
CITY - ST - ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/29/04-80083-023 150.00

DO NOT WRITE IN THIS SPACE

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: **X**  **ARMANDO E. ACEVEDO, DIR.**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #