


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90219 020 \*\*\*158.75

<b>DOCUMENT # P02000034603</b>					
<b>1. Entity Name</b> BESTCARE MEDICAL, INC.					
<b>Principal Place of Business</b> 710 E COLONIAL DR #101 ORLANDO, FL 32803			<b>Mailing Address</b> 710 E COLONIAL DR #101 ORLANDO, FL 32803		
<b>2. Principal Place of Business</b> 3711 E. COLONIAL DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3711 E. COLONIAL DRIVE Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO FL		<b>City &amp; State</b> ORLANDO FL		<b>4. FEI Number</b> 04-3622963	
<b>Zip</b> 32803 <b>Country</b>		<b>Zip</b> 32803 <b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  J. JIMENEZ & ASSOCIATES, P.A. 9753 S ORANGE BLOSSOM TRAIL, STE 101 ORLANDO, FL 32837			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRIZARRY, XAVIER M 710 E. COLONIAL DR STE 101 ORLANDO, FL 32803	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRIZARRY, XAVIER M 3711 E. COLONIAL DRIVE ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRIZARRY, DIANA L 3711 E. COLONIAL DRIVE ORLANDO, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>XAVIER M. IRIZARRY - PRESIDENT</u> <b>4/27/04</b> <b>(407) 894-4313</b>					