# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2004**
**Secretary of State**

DOCUMENT# P02000064659

**Entity Name:** ACCU-CARE PHARMACEUTICAL GROUP, INC.

**Current Principal Place of Business:**

2375 TAMIAMI TRAIL SUITE 304
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2375 TAMIAMI TRAIL SUITE 304
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number: 02-0615067** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VELEZ, MAYRA
782 NW 42ND AVE SUITE 348
MIAMI, FL 33126 US

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

CORREA, ENZO
2375 TAMIAMI TRAIL
SUITE 304
NAPLES, FL 34103 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: ENZO CORREA 03/25/2004
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete
Name: VELEZ, MAYRA
Address: 13030 NW 8TH STREET
City-St-Zip: MIAMI, FL 33182

Title: DP (X) Delete
Name: PLANA, NESTOR JOAQUIN
Address: 1110 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: QURESHI, AHMAD M
Address: 3060 SW 109 COURT
City-St-Zip: MIAMI, FL 33165

Title: CEOD (X) Delete
Name: SHEETZ, LARRY P
Address: 2375 TAMIAMI TRAIL SUITE 304
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: CORREA, ENZO
Address: 2375 TAMIAMI TRAIL, SUITE 304
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ENZO CORREA DP 03/25/2004
Electronic Signature of Signing Officer or Director Date