2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004
Secretary of State

DOCUMENT# P02000087830

Entity Name: PHYSICIANS CARE PLUS, INC.

Current Principal Place of Business:

2061 NW 2ND AVENUE
106
BOCA RATON, FL 33431 US

New Principal Place of Business:

2061 NW 2ND AVENUE
201
BOCA RATON, FL 33431 US

Current Mailing Address:

2061 NW 2ND AVENUE
204
BOCA RATON, FL 33431 FL

New Mailing Address:

2061 NW 2ND AVENUE
201
BOCA RATON, FL 33431 FL

FEI Number: 01-0740556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J
250 SW 15TH AVENUE
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: CAPLA, JOESPH D
Address: 280 SW 15TH AVE
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DI CAPUA, JOESPH J
Address: 2061 NW 2ND AVENUE, STE 201
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Change (X) Addition
Name: SMETS, MICHAEL A
Address: 2061 NW 2ND AVENUE, STE 201
City-St-Zip: BOCA RATON, FL 33431 US

Title: SEC ( ) Change (X) Addition
Name: GONZALEZ, MANUEL M.D.
Address: 2061 NW 2ND AVENUE, STE 201
City-St-Zip: BOCA RATON, FL 33431 US

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: JOSEPH J. DI CAPUA P 03/26/2004

Electronic Signature of Signing Officer or Director Date