

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095643

FILED
Sep 02, 2004
Secretary of State

Entity Name: MEDICAL CARE MANAGEMENT, INC.

Current Principal Place of Business:

6043 NW 167 ST.
A-2
MIAMI, FL 33015

New Principal Place of Business:

13082 SW 132 CT.
MIAMI, FL 33186

Current Mailing Address:

6043 NW 167 ST.
A-2
MIAMI, FL 33015

New Mailing Address:

13082 SW 132 CT.
MIAMI, FL 33186

FEI Number: 14-1866645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVES, TONY
6043 NW 167 ST.A-2
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

RIVES, TONY
13082 SW 132 CT.
MIAMI, FL 33186 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: TONY RIVES

09/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: RIVES, TONY
Address: 6043 NW 167 ST. A-2
City-St-Zip: MIAMI, FL 33015

Title: VSD (X) Delete
Name: COSTA, MICHAEL
Address: 1432 VAN BUREN ST.
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RIVES, TONY
Address: 13082 SW 132 CT.
City-St-Zip: MIAMI, FL 33186

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: TONY RIVES

DP

09/02/2004

Electronic Signature of Signing Officer or Director

Date