



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90055 013 ***150.00

DOCUMENT # P02000118139 1. Entity Name PATRIOTIC CARE MANAGEMENT, INC.					
Principal Place of Business 12911 OAK SHADOW PLACE TAMPA, FL 33624 US			Mailing Address 12911 OAK SHADOW PLACE TAMPA, FL 33624 US		
2. Principal Place of Business 5183 Jasmine Way Suite, Apt. #, etc.		3. Mailing Address 5183 Jasmine Way Suite, Apt. #, etc.			
City & State Palm Harbor FL Zip 34685		City & State Palm Harbor FL Zip 34685		4. FEI Number 33-1029427 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KAGAN, EDWIN 2709 ROCKY POINT DRIVE 102 TAMPA, FL 33607	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ATKINS, BENJAMIN A STREET ADDRESS 12911 OAK SHADOW PLACE CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE P NAME Atkins Benjamin A STREET ADDRESS 5183 Jasmine Way CITY-ST-ZIP Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T, S NAME MORRISON, MARYA STREET ADDRESS 12911 OAK SHADOW PLACE CITY-ST-ZIP TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE T, S NAME Morrison, Marya STREET ADDRESS 5183 Jasmine Way CITY-ST-ZIP Palm Harbor FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-6-04		
Daytime Phone # 72249814					