

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126581

FILED
Feb 24, 2004
Secretary of State

Entity Name: EUROCARE MEDICAL CENTER INC

Current Principal Place of Business:

11014 NORTH DALE MABRY HWY
SUITE 504
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11014 NORTH DALE MABRY HWY
SUITE 504
TAMPA, FL 33618

New Mailing Address:

P.O BOX 270500
TAMPA, FL 33618

FEI Number: 33-1055885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTANA, LAURA A
5618 PINNACLE HIGHTS
310
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

MONTANA, JOE L
P.O BOX 270500
TAMPA, FL 33688 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: JOE L MONTANA

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTANA, JOE L
Address: P.O BOX 341553
City-St-Zip: TAMPA, FL 33694

Title: T (X) Delete
Name: MONTANA, LAURA A
Address: P.O BOX 341553
City-St-Zip: TAMPA, FL 33694

Title: S (X) Delete
Name: MONTANA, LAURA A
Address: P.O BOX 341553
City-St-Zip: TAMPA, FL 33694

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTANA, JOE L
Address: P.O BOX 270500
City-St-Zip: TAMPA, FL 33688

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: JOE L MONTANA

P

02/24/2004

Electronic Signature of Signing Officer or Director

Date