

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126581

**FILED**  
**Mar 10, 2006**  
**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:**

P.O BOX 270500  
TAMPA, FL 33618

**New Mailing Address:**

922 HWY 81 EAST  
365  
MC DONOUGH, GA 30252

**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, JOE L  
P.O BOX 270500  
TAMPA, FL 33688 US

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

MONTANA, JOE L  
922 HWY 81 EAST  
365  
MC DONOUGH, FL 30252 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

03/10/2006

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 270500  
City-St-Zip: TAMPA, FL 33688

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

Title: P (X) Change ( ) Addition  
Name: MONTANA, JOE L  
Address: 922 HWY EAST 365  
City-St-Zip: MC DONOUGH, GA 30252

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/10/2006

Electronic Signature of Signing Officer or Director

Date