2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010098

1. Entity Name
FLORIDA MEDCARE GROUP, INC.

FILED

04 JUN 10 AM 11: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10761 SW 176TH STREET MIAMI, FL 33167	10761 SW 176TH STREET MIAMI, FL 33167

05192004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4. FEI Number** 54-2093120 Applied For / Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AJETE, DANIEL 10761 SW 176TH STREET MIAMI, FL 33167	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 X _Daniel Ajete_   5/20/04

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME AJETE, DANIEL STREET ADDRESS 10761 SW 176TH STREET CITY-ST-ZIP MIAMI, FL 33167 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	200038022022 06/16/04--01059--008 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: X _Daniel Ajete_   5/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

TR