

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150281

Entity Name: ALLCARE, INC.

FILED  
Mar 04, 2004  
Secretary of State

## Current Principal Place of Business:

1710 NW 107TH WAY  
PLANTATION, FL 33322

## New Principal Place of Business:

## Current Mailing Address:

1710 NW 107TH WAY  
PLANTATION, FL 33322

## New Mailing Address:

FEI Number: 41-2119407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLD, DAVID  
1710 NW 107TH WAY  
PLANTATION, FL 33322

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOLD, GWEN  
Address: 1710 NW 107TH WAY  
City-St-Zip: PLANTATION, FL 33322

Title: P ( ) Delete  
Name: GOLD, DAVID  
Address: 1710 NW 107TH WAY  
City-St-Zip: PLANTATION, FL 33322 US

Title: V ( ) Delete  
Name: GOLD, STACY  
Address: 1710 NW 107TH WAY  
City-St-Zip: PLANTATION, FL 33322

Title: T ( ) Delete  
Name: GOLD, JOSHUA  
Address: 1710 NW 107TH WAY  
City-St-Zip: PLANTATION, FL 33322

Title: S ( ) Delete  
Name: APPEL, WILLIAM  
Address: 1710 NW 107TH WAY  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID GOLD

P

03/04/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date