

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 02, 2005 8:00 am
Secretary of State

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05-03-2005 90096 043 ***150.00

DOCUMENT # P04000140052

1. Entity Name
MANHATTAN MEDICAL CARE, INC.



Principal Place of Business
**14701 N. FLORIDA AVE.
 TAMPA, FL 33613**

Mailing Address
**14701 N. FLORIDA AVE.
 TAMPA, FL 33613**

66020695



01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. EEI Number
86-1112775

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SHAH, DIPAK
 14701 N. FLORIDA AVE.
 TAMPA, FL 33613**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAH, DIPAK 14701 N. FLORIDA AVE. TAMPA, FL 33613 <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
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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: *Dipak* **PRESIDENT** 4/26/05 (813)265-2066

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