


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90320 033 ***150.00

DOCUMENT # P04000156140 1. Entity Name HUMAN CARE MEDICAL GROUP, INC			
Principal Place of Business 3845 SW 103 AVENUE APTO C-106 MIAMI, FL 33165		Mailing Address 3845 SW 103 AVENUE APTO C-106 MIAMI, FL 33165	
2. Principal Place of Business 5545 SW 8 ST Suite, Apt. #, etc. SUITE 103		3. Mailing Address 5545 SW 8 ST Suite, Apt. #, etc. SUITE 103	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33134		Zip 33134	
4. FEI Number 32-0132515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, LUIS E 3845 SW 103 AVENUE APTO C-106 MIAMI, FL 33165		7. Name and Address of New Registered Agent Name <u>LUIS E. MEDINA</u> Street Address (P.O. Box Number is Not Acceptable) 5545 SW 8 STREET SUITE 103 City <u>MIAMI</u> <u>FL</u> Zip Code <u>33134</u>	
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 _____ <small>Signature, typed or printed name of registered agent and their address.</small>		DATE <u>04/21/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MEDINA, LUIS E STREET ADDRESS 3845 SW 103 AVENUE APTO C-106 CITY-ST-ZIP MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE D NAME LUIS E. MEDINA STREET ADDRESS 5545 SW 8 STREET SUITE 103 CITY-ST-ZIP MIAMI, FL, 33134	<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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>04/21/05</u> <u>305-267-4970</u> <small>Daytime Phone #</small>	