
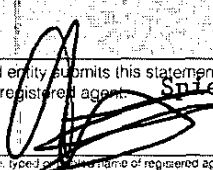
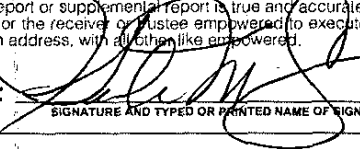


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000044388			
1. Entity Name MED-CARE CONCEPTS, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1935 E. Edgewood Drive Suite, Apt. #, etc. Suite F City & State Lakeland, Florida Zip 33803		3. Mailing Address same Suite, Apt. #, etc. City & State City & State Zip Country United States	
		4. FEI Number 593192918 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor City Miami FL Zip Code 33803			
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. Spiegel & Utrera, P.A. SIGNATURE by:  Natalia Utrera, Vice President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small> DATE: _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pauline M. Craig 1935 E. Edgewood Drive, Suite F Lakeland, Florida 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100039310931 07/19/04--01069--004 **1200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Judith A. Dwyer 305 Wheeler Woods Court Brandon, Florida 33803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  Pauline M. Craig <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/3/04 941-204-2435 <small>Date Daytime Phone #</small>	

FILED
04 JUL -7 4:13:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN THIS SPACE**

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IN THIS SPACE**

CR2E034B (12/02)

CR2E034B (12/02)

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF POLK)

1. Pauline M. Craig is the President of MED-CARE CONCEPTS, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on 26 September 1997.
3. That the Corporation failed to file its 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004 Annual Report or pay the 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004 Annual Report fees and the filing of its 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004 Annual Reports, which are presented simultaneously with this Affidavit.
5. MED-CARE CONCEPTS, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 30th day of June, 2004

FURTHER, AFFIANT SAYETH NOT

MED-CARE CONCEPTS, INC.

By: 

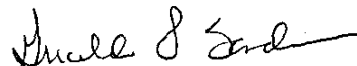
Pauline M. Craig, President



Gricelda L. Sandona
My Commission DD120108
Expires May 22, 2008

SWORN AND SUBSCRIBED

before me this 30th day of June, 2004



Notary Public, State of Florida at Large

Printed Name: _____

Commission Expires: _____

FL DAIRY 2620 660-53-710.0