2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90078 011 ***150.00

DOCUMENT # P95000022903

1. Entity Name
MEDICAL CARE CONCEPTS, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE RD #1108 CORAL GABLES, FL 33134	2655 LE JEUNE RD #1108 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
235 Peachtree Street	235 Peachtree Street
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc. 400
City & State ATLANTA, GA 30303	City & State ATLANTA, GA.
Zip / Country 30303 / U.S.A.	Zip / Country 30303 / U.S.A.

03112004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0580462
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STACK, KEVIN C. 2655 LE JEUNE RD SUITE 1108 MIAMI, FL 33134	Name: STACK, KEVIN C. Street Address (P.O. Box Number is Not Acceptable) 525 Strawbridge Avenue City: Melbourne FL Zip Code: 32901

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 _____
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
After May 1, 2004 Fee will be $550.00

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 STACK, KEVIN C. 2655 LE JEUNE RD STE 1108 CORAL GABLES, FL 33134	☐ Delete	P STACK, KEVIN C. 525 Strawbridge Avenue Melbourne, FL. 32901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST STACK, CHARLES R. 2655 LE JEUNE RD STE 1108 CORAL GABLES, FL 33134	☐ Delete	ST STACK, Charles R. 525 Strawbridge Avenue Melbourne, FL. 32901	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ADAMS, KIRK 2655 LEJEUNE RD, STE 1108 MIAMI, FL 33134	☐ Delete	V ADAMS, Kirk 235 Peachtree Street, Ste 400 ATLANTA, GA 30303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEREZ, ANGELA M 2655 LEJEUNE RD, STE 1108 CORAL GABLES, FL 33134	☐ Delete	SD Perez, Angela M. 235 Peachtree Street, Ste 400 ATLANTA, GA. 30303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Angela M. Perez - Angela M. Perez 3/11/04 404-320-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #