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: 30303 Country: U.S.A.	Zip: 30303 Country: 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	P ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	STACK, KEVIN C.	NAME	STACK, KEVIN C.
STREET ADDRESS	2655 LE JEUNE RD STE 1108	STREET ADDRESS	525 Strawbridge Avenue
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Melbourne, FL. 32901
TITLE	ST ☐ Delete	TITLE	ST ☑ Change ☐ Addition
NAME	STACK, CHARLES R.	NAME	STACK, Charles R.
STREET ADDRESS	2655 LE JEUNE RD STE 1108	STREET ADDRESS	525 Strawbridge Avenue
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Melbourne, FL. 32901
TITLE	V ☐ Delete	TITLE	V ☑ Change ☐ Addition
NAME	ADAMS, KIRK	NAME	ADAMS, Kirk
STREET ADDRESS	2655 LEJEUNE RD, STE 1108	STREET ADDRESS	235 Peachtree Street, Ste 400
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	ATLANTA, GA 30303
TITLE	SD ☐ Delete	TITLE	SD ☑ Change ☐ Addition
NAME	PEREZ, ANGELA M	NAME	Perez, Angela M.
STREET ADDRESS	2655 LEJEUNE RD, STE 1108	STREET ADDRESS	235 Peachtree Street, Ste 400
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	ATLANTA, GA. 30303
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela M. Perez — Angela M. Perez 3/11/04 904-320-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #