2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# P95000022903

Entity Name: MEDICAL CARE CONCEPTS, INC.

Current Principal Place of Business:

525 STRAWBRIDGE AVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

525 STRAWBRIDGE AVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 65-0580462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STACK, KEVIN C
525 STRAWBRIDGE AVENUE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STACK, KEVIN C.
Address: 525 STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: ST ( ) Delete
Name: STACK, CHARLES R.
Address: 525 STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: V ( ) Delete
Name: ADAMS, KIRK
Address: 655 HIGHLAND AVENUE #5
City-St-Zip: ATLANTA, GA 30312

Title: SD (X) Delete
Name: PEREZ, ANGELA M
Address: 655 HIGHLAND AVENUE #5
City-St-Zip: ATLANTA, GA 30312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STACK, KEVIN C CEO
Address: 525 STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: ST (X) Change ( ) Addition
Name: STACK, CHARLES R COO
Address: 525 STRAWBRIDGE AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: SD (X) Change ( ) Addition
Name: PEREZ, ANGELA M DIRECTO
Address: 1860 N. ROCK SPRINGS ROAD, STE. 200
City-St-Zip: ATLANTA, GA 30324

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA M. PEREZ SD 01/11/2006

Electronic Signature of Signing Officer or Director Date