# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2004**
**Secretary of State**

DOCUMENT# P97000013537

**Entity Name:** PRICARE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

2323 CURLEW RD
SUITE 7E
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

2323 CURLEW RD
SUITE 7E
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number: 59-3429503** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBSON, CHARLES J
2323 CURLEW RD
SUITE 7E
DUNEDIN, FL 34698 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: DP ( ) Delete
Name: JACOBSON, CHARLES J
Address: 2323 CURLEW RD SUITE 7E
City-St-Zip: DUNEDIN, FL 34698

Title: DV ( ) Delete
Name: PROMIN, RICHARD E M.D.
Address: 2215 SE FT KING ST SUITE C
City-St-Zip: OCALA, FL 34471

Title: DST ( ) Delete
Name: GRAINGER, CHRISTOPHER MD
Address: 1805 SE LAKE WEIR AVE # 103
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 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: CHARLES J. JACOBSON DP 04/12/2004

Electronic Signature of Signing Officer or Director — Date