


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90408 026 ***150.00

DOCUMENT # P98000003691	
1. Entity Name MEDICAL CARE OF FT. LAUDERDALE, INC.	

Principal Place of Business 4821 3829 NORTH ANDREWS AVE. FORT LAUDERDALE FL 33309	Mailing Address 4021 3529 NORTH ANDREWS AVE. FORT LAUDERDALE FL 33309
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MOORE CR2E034 (11/03)

2. Principal Place of Business 4021		3. Mailing Address 4021	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL	
Zip 33309	Country USA	Zip 33309	Country USA

4. FEI Number 65-0806123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PELLEGRINO, SAL DR. 731 N.E. 32ND STREET BOCA RATON FL 33431 4021 NO. ANDREWS ONLY FT LAUDERDALE, FL - 33309	
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7. Name and Address of New Registered Agent Name: PELLEGRINO, SAL DR Street Address (P.O. Box Number is Not Acceptable): 4021 NO. ANDREWS AVE City: FT. LAUDERDALE FL Zip Code: 33309	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLEGRINO, SAL 731 N.E. 32ND STREET BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	4/9/04 Date	Daytime Phone #
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