

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000051592

Entity Name: MED-CO CARE, INC.

FILED  
Jul 27, 2004  
Secretary of State

## Current Principal Place of Business:

175 WEST 49TH STREET  
HIALEAH, FL 33012

## New Principal Place of Business:

351 NW 82ND AVE.  
SUITE 1103  
MIAMI, FL 33126

## Current Mailing Address:

P.O. BOX 133310  
HIALEAH, FL 330130310

## New Mailing Address:

FEI Number: 65-0927423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, KYRENE  
7350 SW 11TH STREET  
MIAMI, FL 33144 US

## Name and Address of New Registered Agent:

OSCAR, YANES  
351 NW 82ND AVE.  
SUITE 1103  
MIAMI, FL 33126 US

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: OSCAR YANES

07/27/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: ORTIZ, KYRENE  
Address: 7350 SW 11TH STREET  
City-St-Zip: MIAMI, FL 33144

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: YANES, OSCAR  
Address: 351 NW 82ND AVE. - SUITE 1103  
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Change (X) Addition  
Name: ORTIZ, KYRENE  
Address: 351 NW 82ND AVE. - SUITE 1103  
City-St-Zip: MIAMI, FL 33126 US

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: OSCAR YANES

PRES

07/27/2004

Electronic Signature of Signing Officer or Director

Date