2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State
03-19-2004 90053 041 ***158.75

DOCUMENT # P99000067017

1. Entity Name
MED-TECH PRIVATE CARE, INC.

Principal Place of Business	Mailing Address
5400 S UNIVERSITY DR SUITE 205 DAVIE, FL 33328	5400 S UNIVERSITY DR SUITE 205 DAVIE, FL 33328

94032601

03042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
135 NW 100th Ave	135 NW 100th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33324 Country: Broward	Zip: 33324 Country: Broward

4. FEI Number 65-0937639 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOISVERT, LOUIS W III
~~5400 S UNVERSITY~~ DR
~~SUITE 2~~05
~~DAVIE, FL 333~~28

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 135 NW 100 AVE

City Plantation FL Zip Code 33324

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 L. W. B. III
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS BOLSVERT, LOUIS W III 5400 UNIVERSITY DR, STE 205 FORT LAUDERDALE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: L. W. B. III Louis W. Boisvert, III 3.15.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #