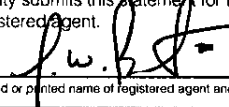
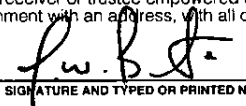


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 5400 S UNIVERSITY DR SUITE 205 DAVIE, FL 33328		Mailing Address 5400 S UNIVERSITY DR SUITE 205 DAVIE, FL 33328	
2. Principal Place of Business 135 NW 100th Ave Suite, Apt. #, etc.		3. Mailing Address 135 NW 100th Ave Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324	Country Broward	Zip 33324	Country Broward
6. Name and Address of Current Registered Agent BOISVERT, LOUIS W III 5400 S UNIVERSITY DR SUITE 205 DAVIE, FL 33328		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  (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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  LOUIS W. BOISVERT, III		3.15.04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94032601



03042004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0937639 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required