

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075960

FILED
Mar 31, 2005
Secretary of State

Entity Name: STEN-BARR INTEGRATED CARE, INC.

Current Principal Place of Business:

14350 CARLSON CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

14350 CARLSON CIRCLE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 59-3609667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, JOHN W
17816 WILLOW LAKE DRIVE
ODESSA, FL 33556 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: PD () Delete
Name: BARR, JOHN W
Address: 17816 WILLOW LAKE DR.
City-St-Zip: ODESSA, FL 33556

Title: VD () Delete
Name: STENBERG, ANDREW
Address: 3798 PRESIDENTIAL DRIVE
City-St-Zip: PALM HARBOR, FL 34685

Title: STD () Delete
Name: JOINER, JOHN
Address: 395 NEWPORT DR.
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: STENBERG, ANDREW
Address: 4524 JUNIPER DRIVE
City-St-Zip: PALM HARBOR, FL 34685

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: JOHN W. BARR

PD

03/31/2005

Electronic Signature of Signing Officer or Director

Date