

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16669

FILED
Apr 10, 2007
Secretary of State

Entity Name: MEDICAL CARE PRODUCTS, INC.

Current Principal Place of Business:

4909 VICTOR STREET
JAX, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 10239
JACKSONVILLE, FL 322470239 US

New Mailing Address:

FEI Number: 59-3039956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGENBACH, PATRICIA S
1846 MARGARET ST, STE 5-C
JAX, FL 32204 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: PTD () Delete
Name: LANGENBACH, PATRICIA, S.
Address: 1846 MARGARET ST, STE 5-C
City-St-Zip: JAX, FL 32204 US

Title: VSD () Delete
Name: LANGENBACH, THOMAS L. .
Address: 416 BRIDGEVIEW TERRACE
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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: PATRICIA S LANGENBACH

PTD

04/10/2007

Electronic Signature of Signing Officer or Director

Date