2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16669

Entity Name: MEDICAL CARE PRODUCTS, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
4836 VICTOR STREET JACKSONVILLE, FL 32207 US	
Current Mailing Address:	New Mailing Address:
P. O. BOX 10239 JACKSONVILLE, FL 322470239 US	
FEI Number: 59-3039956 FEI Number Applied For () FEI Nu	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LANGENBACH, PATRICIA S 1846 MARGARET ST, STE 5-C JAX, FL 32204 US	LANGENBACH, PATRICIA S 1846 MARGARET ST, STE 5-C JAX, FL 32204 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: PATRICIA S LANGENBACH	03/30/2009
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Title: () Change () Addition () Delete LANGENBACH, PATRICIA, S. Name: Name: 1846 MARGARET ST, STE 5-C Address: Address: City-St-Zip: JAX, FL 32204 US City-St-Zip: Title: VSD () Delete Title: () Change () Addition LANGENBACH, THOMAS L, Name: Name: Address: 416 BRIDGEVIEW TERRACE Address: JACKSONVILLE, FL 32259 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 Ρ 03/30/2009