

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S16669

FILED
Jan 20, 2003
Secretary of State

Entity Name: MEDICAL CARE PRODUCTS, INC.

Current Principal Place of Business:

4943 BEACH BLVD
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 (X)

Name and Address of Current Registered Agent:

LANGENBACH, PATRICIA SUE
1846 MARGARET ST, STE 5-C
JAX, FL 32204 US

Name and Address of New Registered Agent:

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

01/20/2003

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PATRICIA S LANGENBACH

PTD

01/20/2003

Electronic Signature of Signing Officer or Director

Date