
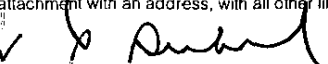


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 045 ***150.00

DOCUMENT # V02258 1. Entity Name AMERICAN BIOCARE COMPANY, INC.					
Principal Place of Business 7045 N ARMENIA AVE TAMPA, FL 33604 US			Mailing Address 14719 CLARENDON DRIVE TAMPA, FL 33624 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3099148	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent SICHEL, STEVEN D. 14719 CLARENDON DRIVE TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP <input type="checkbox"/> Delete SICHEL, STEVEN D. 14719 CLARENDON DRIVE TAMPA, FL 33624		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Steven D. Sichel 8/6/04 (813)93691616		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

54068506



07302004 Chg-P CR2E034 (10/03)

SMITH & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

Professional Association

J. MICHEAL SMITH, C.P.A.

CYNTHIA L. BLACK, C.P.A.

July 30, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: American Biocare Company, Inc.
Doc. No. V03369

Ladies and Gentlemen:

The above referenced corporation has requested that we contact your office regarding the Notice of Intent to Dissolve the Corporation resulting from the failure to file the 2004 For Profit Corporation Annual Report.

When we checked with the president regarding this notice, he indicated he did not receive a form for filing this year.

Accordingly, we submit the signed 2004 For Profit Corporation Annual Report along with the company check in the amount of \$150.00.

We respectfully request that you accept the form as filed and recognize the \$150.00 as payment in full.

This corporation is a struggling small business, where due to recent business developments, the addition of the \$400.00 fee would create significant financial hardship that would be extremely difficult to overcome.

Therefore, we ask that you accept the enclosed Annual Report and \$150.00 payment and abate the additional fee in full.

If you should have any questions or require additional information, please do not hesitate to contact us. We look forward to your favorable reply.

Sincerely,

SMITH & ASSOCIATES, CPAs, P.A.

By:

J. Micheal Smith, C.P.A.

Attachment

SUITE 207
4100 WEST KENNEDY BLVD.
TAMPA, FLORIDA 33609-2255
(813) 286-2400
TOLL FREE 1 (800) 530-6555
FAX (813) 281-1259

www.smithassociatescpas.com
mikesmithcpa@aol.com

SUITE 9
1601 RICKENBACKER DRIVE
SUN CITY CENTER, FLORIDA 33573-5332
(813) 634-8885
TOLL FREE 1 (800) 206-6444
FAX (813) 633-3228

Members: American Institute
and Florida Institute of CPAs

CERTIFIED MAIL
Return Receipt Requested
7003 0500 0005 3143 2463

JMS/clb

Enclosures: 2004 For Profit Corporate Annual Report
Corporate check in the amount of \$150

cc: Steven D. Sichel, Pres.
American Biocare Company, Inc.
14719 Clarendon Drive
Tampa, FL 33642