

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V24730

FILED
Mar 09, 2004
Secretary of State

Entity Name: PRO-CARE MEDICAL, INC.

Current Principal Place of Business:

5001 49TH ST N
SAINT PETERSBURG, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

5001 49TH ST N
SAINT PETERSBURG, FL 33709 US

New Mailing Address:

FEI Number: 59-3117567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, ANDREW R.
687 CENTRAL AVE.
SAINT PETERSBURG, FL 33701 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: WEBBER, ANDREW R.,
Address: 5001 49TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: VP () Delete
Name: WEBBER, JOYCE
Address: 5001 49TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33709 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 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: ANDREW WEBBER

MR

03/09/2004

Electronic Signature of Signing Officer or Director

Date