

07-25-2003 90090 048 ***400.00
 06-24-2003 90011 011 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

6

DOCUMENT # V24730
 1. Entity Name
PRO-CARE MEDICAL, INC.



DO NOT WRITE IN THIS SPACE

90146669

2. Principal Place of Business
5001 49th St. N
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33709

Country
Pinellas

4. FEI Number
59-3112567

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Andrew R. WEBBER

Street Address (P.O. Box Number is Not Acceptable)
687 Central Ave.

City
St. Petersburg FL

Zip Code
33701

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 [Signature] 8/16/03

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <u>President</u>	NAME <u>Andrew R. WEBBER</u>	TITLE	NAME
STREET ADDRESS <u>5001 49th St. N</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>St. Petersburg, FL 33709</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>V.P.</u>	NAME <u>Eleanora J. WEBBER</u>	TITLE	NAME
STREET ADDRESS <u>5001 49th St. N</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>St. Petersburg, FL 33709</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(c) Florida Statutes. I further certify that the information included 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or an attachment with an address, with all other filers empowered.

SIGNATURE: [Signature] 8/16/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR030230 (12/02)