FORM D



SECURITIES AND EXCHANGE COMMISSION Washington, DYE. 20549

FQRM D2005

NOTICE OF SALE OF SECURÍTIES PURSUANTION D. SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial DATE RECEIVED OMB APPROVAL OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden hours per response. . . 16.00

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|--|--------------------------|
| Name of Offering (D check if this is an amendment and name has changed, and indicate change.) | |
| | |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE | |
| Type of Filing: New Filing □ Amendment | |
| A. BASIC IDENTIFICATION DATA | |
| Enter the information request about the issuer | |
| Name of Issuer (O check if this is an amendment and name has change, and indicate change.) | |
| EDCare Management, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Are | a Code) |
| 3107 Stirling Road, Suite 101, Ft. Lauderdale, FL 33312 (954) 981-6383 | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Are | a Code) |
| (if different from Executive Offices) | |
| Brief Description of Business | |
| Management and ownership of entities that perform emergency health care services. | |
| Type of Business organization | |
| □ corporation □ limited partnership, already formed □ other (please specify): | |
| □ corporation □ limited partnership, already formed □ other (please specify): □ business trust □ limited partnership, to be formed | |
| | |
| Month Year | OCEOUR- |
| 0.07 | |
| Actual or Estimated Date of Incorporation or Organization: 2/10/03 Actual Estimated | in . |
| Actual or Estimated Date of Incorporation or Organization: 2/10/03 Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE | ¹ 6 15 2005 _ |
| CN for Canada; FN for other foreign jurisdiction) | -0 4999 |
| | |
| | Monson K |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filled in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (2-99)



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Enter promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

| Each general and managing partner of partnership issuers. |
|---|
| Check Box(es) that Apply: □Promoter ⊠Beneficial Owner ⊠Executive Officer ⊠Director □ General and/or Managing Partner |
| Full Name (Last name first, if individual) Schillinger, Jeffrey |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3107 Stirling Road, Ft. Lauderdale, FL 33312 |
| Check Box(es) that Apply: □Promoter ⊠Beneficial Owner ⊠Executive Officer ⊠Director □ General and/or Managing Partner |
| Full Name (Last name first, if individual) Schillinger, MD, David |
| Business or Residence Address (Number and Street, City, State, Zip Code) 3107 Stirling Road, Ft. Lauderdale, FL 33312 |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | B. INFO | RMATIC | ON ABOU | T OFFE | RING | | | | | |
|-------------------------------|--|--|---|--|--|--|-------------------------------------|---|--|-------------------------------|--|-------------------------|-----------------------|
| 1. Has the | e issuer sold | l, or does th | | | | | | n this offer under ULO | | ., | ······································ | | 180 183 |
| 2. What i | s the minim | um investn | ent that wi | ll be accept | ted from a | ny individ | iual? | ••••• | | | ······································ | \$ N | 'A |
| 3. Does th | ne offering p | permit join | ownership | of a single | unit? | | ••••• | •••••• | | ••••••••• | •••••• | Yes . □ | i No ⊠ |
| any cor the offe SEC ar | he informat mmission of ering. If a p id/or with a re associate only. | r similar rea erson to be state or sta | nuneration listed is ar tes, list the | for solicita associated name of th | ition of pu I person o ie broker o | rchasers i r agent of or dealer. | n connect a broker If more th | ion with sa or dealer re nan five (5) | les of secu gistered v persons t | rities in vith the o be | | | |
| Full Name | (Last name | first, if inc | lividual) | | | | | | | | | | |
| Business o | r Residence | Address (| Number and | i Street, Ci | ty, State, 2 | Zip Code) | , , | | | | | | |
| Name of A | ssociated B | roker or D | ealer | | | | | | | | | | |
| States in W | hich Perso | n Listed Ha | s Solicited | or Intends | to Solicit | Purchaser | rs | | | | | | |
| (Check | "All States | " or check | individual S | States) | ************* | | ••••• | ····· | | ••••• | 🗖 | All S | tates |
| [AL] [IL) [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] x [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY]x [VT] | [DE] [MD] [NC] [VA] | [DC] [MA]x [ND] [WA] | [FL]x [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [II [M [P. [P] | IÓ] A] |
| Full Name | (Last name | first, if inc | lividual) | | | | | | | | | | |
| Business o | r Residence | Address (| Number and | d Street, Ci | ty, State, | Zip Code) |) | | | | | | |
| Name of A | ssociated B | roker or D | ealer | | | | | | | | | | |
| States in W | hich Perso | n Listed Ha | s Solicited | or Intends | to Solicit | Purchase | rs | | | | | | |
| (Check | "All States | " or check | individual : | States) | | | ************ | ************ | •••••• | **************** | 🗖 | All S | tates |
| [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [P. | D] 10] A] R] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box \(\mathread{D}\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate Offering Price | Amount Already Sold |
|----|---|-----------------------------|--|
| | Type of Security | • | |
| | Debt | \$999,900 | \$999,900 |
| | Equity | | _ |
| | □ Common □ Preferred | \$ | \$ |
| | Convertible Securities (including warrants) Warrants | \$ 100.00 | \$ 100.00 |
| | Partnership Interests | \$ | \$ |
| | Other (Specify) | \$ | \$ |
| | Total | \$ <u>1,000.000</u> | \$1,000,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 1 | \$1,000,000 |
| | Non-accredited Investors | 0 | \$ |
| | Total (for filings under rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | Type of Security | Dollar Amount Sold |
| | Type of offering | | |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | □ \$ 0.00 |
| | Printing and Engraving Costs | | □ \$ 0.00 |
| | Legal Fees | | ≥ \$50,000 |
| | Accounting Fees | | □ \$ 0.00 |
| | Engineering Fees | | □ \$ 0.00 |
| | Sales Commissions (specify finders' fees separately) | | □ \$ 0.00 |
| | Other Expenses (identify) | | □ \$ <u>0.00</u> |
| | Closing Fees \$ | | \$50,000 |
| | Advisory Fee \$50,000 | | |
| | Placement Fee \$ | | m 0100 000 |
| | Total | | ⊠ \$100,000 |

| C. | OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCE | EDS | · |
|-----|---|---|-----------------------|
| | b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds of the issuer." | | \$900,000 |
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. | | |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | □\$ | □\$ |
| | Purchase of real estate | □\$ | □\$ |
| | Purchase, rental or leasing and installation of machinery and equipment | □\$ | □\$ |
| | Construction or leasing of plant buildings and facilities | □ \$ | □\$ |
| | Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | □\$ | □\$ |
| | Repayment of indebtedness | □ \$ | □\$ |
| | Working capital | □ \$ | □\$ |
| | Other (specify):Redemption of Capital Stock | ₽ \$900,000 | ⊠\$900,000 |
| | | □\$ | □\$ |
| | | □\$ | □\$ |
| | Column Totals | | |
| | Total Payments Listed (column totals added) | l | ⊠\$900,000 |
| | D. FEDERAL SIGNATURE | | |
| the | te issuer has duly caused this notice to be signed by the undersigned duly authorized person. It is following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities itten request of its staff, the information furnished by the issuer to any non-accredited investo 2. | and Exchange Comm | ission, upon |
| Iss | suer (Print of Type) Signature | Date | |
| EI | OCare Management, Inc. | 08/09/05 | |
| Na | ame of Signer (Print or Type) | | |
| Jei | ffrey Schillinger President | | |
| | | | |
| | | | |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1.Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused his notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date |
|--------------------------------|--------------------------------|----------|
| EDCare Management, Inc. | felly Panis | 08/09/05 |
| Name of Signer (Print or Type) | Tiple of Signer (Print or Type | 2) |
| Jeffrey Schillinger | President | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | Type of security Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price Type of investor and amount purchased in State (Part C-Item 1) (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
|-----------|---|--------------|-----------|--------------------------------------|--|--|--|-----|----|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non- Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | · | | | | |
| _ AZ | · | | | | | | | | |
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| LA | | | | | <u> </u> | | | | |
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| MA | | | | | | | | | |
| MI | | | | | | | | | |
| MN | | | | | | <u> </u> | | | - |
| MS MO | | | | | | | | | - |

APPENDIX

| 1 | Type of security Intend to sell and aggregate to non-accredited offering price investors in State offered in state (Part B-Item I) (Part C-Item I) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
|-------|--|----------|--|--------------------------------------|----------|--|---------|--|----------|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
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