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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration 1. Effective Date of Registration 2/2/20042. House Identification Number 32080Senate Identification Number 21563**REGISTRANT**3. Registrant name Kilpatrick Stockton LLPAddress 607 Fourteenth Street, NW - Suite 900City WashingtonState DCZip 20005

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

(202) 508-5800Contact Christopher A. Ott

E-mail (optional)

6. General description of registrant's business or activities

Law firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* *Self*

7. Client name Q Care International, Inc.Address 680 Atlanta Country Club DriveCity MariettaState GAZip 30067

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

Manufactures medical devices**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Christopher A. Ott	N/A
John Walk	N/A

Registrant Name Kilpatrick Stockton LLP Client Name Q Care International, Inc.

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

HCR MMM

12. Specific lobbying issues (current and anticipated)

Regulatory issues for medical devices

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regist a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activitie

- No ⇨ Go to line 14. Yes ⇩ Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or countr)


FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsid activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the out of the lobbying activity?

- No ⇨ Sign and date the registration. Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign an registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date 02/13/2004
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Signature _____

Printed Name and Title Christopher A. Ott, Attorney

Form LD-1 (Rev. 04/03)