

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90083 001 ***150.00

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02252004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000109570					
1. Entity Name M.A. CARE MEDICAL EQUIPMENT, CORP.					
Principal Place of Business 7600 WEST 20TH AVE SUITE 223-A HIALEAH, FL 33016			Mailing Address 7600 WEST 20TH AVE SUITE 223-A HIALEAH, FL 33016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01-0747110	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
BENITEZ, MARIA 7600 WEST 20TH AVE #223A ROOM A HIALEAH, FL 33016				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENITEZ, MARIA		NAME		
STREET ADDRESS	7600 WEST 20TH AVE, ROOM 223A		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ma. Benitez</u>			Date: <u>2/25/04</u>		Daytime Phone #: <u>(305) 364-3699</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #