


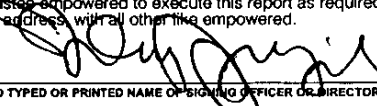
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90027 013 ***150.00

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DOCUMENT # 525883			
1. Entity Name CAPE CORAL MEDICINE CHEST, INC.			
Principal Place of Business 1633 CAPE CORAL PARKWAY CAPE CORAL, FL 33904		Mailing Address 1633 CAPE CORAL PARKWAY CAPE CORAL, FL 33904 14300 RIVA DEL LAGO DR. FT. MYERS, FL. 33907	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03272007		Chg-P CR2E034 (12/06)	
4. FEI Number 59-1723401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL, STANLEY 1633 CAPE CORAL PARKWAY CAPE CORAL, FL 33904		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME: SPIEGEL, STANLEY STREET ADDRESS: 1633 CAPE CORAL PARKWAY 14300 RIVA DEL LAGO DR. CITY-ST-ZIP: CAPE CORAL, FL 33904 FT. MYERS, FL 33907	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: SD <input type="checkbox"/> Delete NAME: SPIEGEL, JUDITH STREET ADDRESS: 1633 CAPE CORAL PARKWAY 14300 RIVA DEL LAGO DR. CITY-ST-ZIP: CAPE CORAL, FL 33904 FT. MYERS, FL 33907	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: VD <input type="checkbox"/> Delete NAME: BERG, GERTRUDE STREET ADDRESS: 1633 CAPE CORAL PARKWAY 14300 RIVA DEL LAGO DR. CITY-ST-ZIP: CAPE CORAL, FL 33904 FT. MYERS, FL 33907	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 4.7.07 Daytime Phone #: (239) 462-3405	