

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90079 012 ***150.00

DOCUMENT # G63940 1. Entity Name CONVACARE - CONVALESCENT AIDS AND RESPIRATORY CARE, INC.																													
Principal Place of Business 2423 BEE RIDGE RD SARASOTA, FL 34239			Mailing Address P O BOX 18562 SARASOTA, FL 34276-1562																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-2330573																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent HIBNICK, MICHAEL 4672 PINE HARNER DR SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				FL Zip Code																									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP	
TITLE	NAME	Delete <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP	
TITLE	NAME	Delete <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP	
TITLE	NAME	Delete <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP	
TITLE	NAME	Delete <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NAME</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	NAME		CITY-ST-ZIP	STREET ADDRESS			CITY-ST-ZIP	
TITLE	NAME	Delete <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	CITY-ST-ZIP																												
TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>																											
STREET ADDRESS	NAME																												
CITY-ST-ZIP	STREET ADDRESS																												
	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>Michael Hibnick</u> 03-18-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													