FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 12:50

DOCUMENT # G83478 (9)

1. Corporation Name
OSTOMY CARE, INC.

Principal Place of Business	Mailing Address
~~4040 FIFTH AVE. N.~~ ~~ST PETERSBURG FL 33713~~	~~4040 FIFTH AVE. N.~~ ~~ST PETERSBURG FL 33713~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1984
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 4107 POINSETTIA Dr.
22: Suite, Apt. #, etc.
23: St Pete Bch
24: 33706
25: FLORIDA

2a. Mailing Address
26: SAME AS #2
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2420288 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMONZI, GLORIA
~~6890 38TH AVE., NORTH #101A~~
~~ST. PETERSBURG FL 33710~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4103 POINSETTIA DR
83
84 City: ST PETE BEACH FL 85 Zip Code: 33706

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	SIMONZI, GLORIA	1.2 NAME	
STREET ADDRESS	~~6890 38TH AVE,NORTH 101A~~	1.3 STREET ADDRESS	4103 POINSETTIA DR.
CITY-ST-ZIP	~~ST PETERSBURG FL~~	1.4 CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	SIMONZI, GLORIA	2.2 NAME	
STREET ADDRESS	~~6890 38TH AVE,NORTH 101A~~	2.3 STREET ADDRESS	4103 POINSETTIA DR
CITY-ST-ZIP	~~ST PETERSBURG FL~~	2.4 CITY-ST-ZIP	ST PETE BEACH FL 33706
TITLE	~~VD~~	3.1 TITLE	☐ Change ☐ Addition
NAME	~~BRENT, HELEN~~	3.2 NAME	
STREET ADDRESS	~~6890 38TH AVE,NORTH 101A~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria Simonzi 1-17-95 813-360-3830
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0300980 CP