


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90046 039 ***150.00

DOCUMENT # J75360 1. Entity Name ALL-CARE COLEMANS MEDICAL RENTALS, INC.					
Principal Place of Business C/O J. H. COLEMAN 804 E HIBISCUS BLVD MELBOURNE, FL 32901			Mailing Address 905 N. HARBOR CITY BLVD UNIT 203 MELBOURNE, FL 32935		
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address 3877 RIVERSIDE DR Suite, Apt. #, etc. City & State MELBOURNE FL			
Zip Country		Zip 32935		Country USA	
6. Name and Address of Current Registered Agent COLEMAN, J. H. 804 A EAST HIBISCUS MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 re-registering)</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 NAME STREET ADDRESS CITY-ST-ZIP	PDTS COLEMAN, JAMES H 905 N HARBOR CITY BLVD UNIT 203 MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3877 Riverside DR MELBOURNE FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>J.H. Coleman</i> J. H. COLEMAN			1-20-04 321 727 1400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		