

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90103 020 ***150.00

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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
**C/O J. H. COLEMAN
~~804 E HIBISCUS BLVD~~
~~MELBOURNE FL 32901~~**

JUL12000



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address
**905 N. HARBOR CITY BLVD
UNIT 203
MELBOURNE FL**

Suite, Apt. #, etc.

City & State
MELBOURNE FL

Zip
32935

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COLEMAN, J. H.
804 A EAST HIBISCUS
MELBOURNE FL 32901**

4. FEI Number
59-2806006

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *JH Coleman* DATE 1-22-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDS	COLEMAN, JAMES H	905 N HARBOR CITY BLVD UNIT 203	MELBOURNE FL 32935	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *JH Coleman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-21-03 Daytime Phone # 321 727 1400

CR2E034 (10/02)