

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90171 036 ***150.00

DOCUMENT # L47161
 Entity Name
FAMILY HEALTHCARE SUPPLY, INC.

Principal Place of Business Mailing Address
372 WEBBER STREET **3672 WEBBER STREET**
SARASOTA FL 34232 **SARASOTA FL 34232**



Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3001631** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PASS, MICHAEL
3672 WEBBER STREET
SARASOTA FL 34232

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PASS, MICHAEL | |
| STREET ADDRESS | 5472 AMERICA DRIVE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PASS, SANDRA | |
| STREET ADDRESS | 5472 AMERICA DRIVE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | PASS, DAVID | |
| STREET ADDRESS | 5472 AMERICA DRIVE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra D. Pass* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Sandra D. Pass** **2/4/02 (941) 921-6645**
 _____ _____ _____ _____
 Date Daytime Phone #

CR2E034 (9/01)