2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L47161

1. Entity Name
FAMILY HEALTHCARE SUPPLY, INC.

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

DO NOT WRITE IN THIS SPACE

03312004   No Chg-P   CR2E034 (10/03)

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

DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable   (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. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PASS, MICHAEL
STREET ADDRESS	5472 AMERICA DRIVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	S
NAME	PASS, SANDRA
STREET ADDRESS	5472 AMERICA DRIVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	V
NAME	PASS, DAVID
STREET ADDRESS	5472 AMERICA DRIVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000101499
04/02/04--80015-023 150.00

DO NOT WRITE
IN THIS SPACE

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: _____ (Sandra D. Pass)   3/3/04   (941)923-7156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #