


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L47161</b> 1. Entity Name FAMILY HEALTHCARE SUPPLY, INC.	
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Principal Place of Business 3672 WEBBER STREET SARASOTA, FL 34232	Mailing Address 3672 WEBBER STREET SARASOTA, FL 34232
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**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3001631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASS, MICHAEL 5472 AMERICA DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASS, SANDRA 5472 AMERICA DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASS, DAVID 5472 AMERICA DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000429446  
02/22/06-80008-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Sandra D Pass 2/3/06 (941) 921-6645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #