


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # L67422 1. Entity Name CHAIR CARE PLUS, INC.		
Principal Place of Business 2055 NW 32 ST POMPANO BEACH, FL 33064		Mailing Address 2055 NW 32 ST POMPANO BEACH, FL 33064
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RUGGIERI, RICHARD V 2055 NW 32 ST POMPANO BEACH, FL 33064		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: <u>R.V. Ruggieri V.P.</u> <u>Richard V. Ruggieri</u> <u>2-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUGGIERI, RICHARD V 8100 NW 72 AVE FORT LAUDERDALE, FL 33321	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUGGIERI, RICHARD G. 1999C N.W. 4 AVENUE BOCA RATON, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>R.V. Ruggieri V.P.</u> <u>Richard V. Ruggieri</u> <u>2-8-05</u> <u>954-970-0050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0188228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/11/05-80037-002 150.00