

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002211

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: CONSUMER HEALTH CARE, INC.

**Current Principal Place of Business:**

100 HIGHLINE DR  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

797 SR 434  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 01-0609147      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMETREE, ROBERT A  
797 SR 434  
ALTAMONTE SPRINGS, FL 32714      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DEMETREE, ROBERT A  
Address: 797 SR 434  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS      ( ) Delete  
Name: DEMTREE, DAVID A  
Address: 162 OAK VIEW CIR.  
City-St-Zip: LAKE MARY, FL 32746

Title: DT      ( ) Delete  
Name: DEMETREE, MATTHEW C  
Address: 136 ROCKHILL DR.  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: MCDYER, DALE C  
Address: 1012 TURTLE CREEK DR.  
City-St-Zip: OVIEDO, FL 32765

Title: D      ( ) Delete  
Name: GILBET, BEVERLY  
Address: 1132 VICKSBURG ST.  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DEMETREE

DP

01/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date