

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90329 030 ****70.00

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DOCUMENT # N02000002211

1. Entity Name
CONSUMER HEALTH CARE, INC.



Principal Place of Business Mailing Address

**100 HIGHLINE DR
LONGWOOD FL 32750** **100 HIGHLINE DR
LONGWOOD FL 32750**

40009221



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **797 SR 434**
Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State

Altamonte Springs

Zip Country Zip Country

USA 32714 USA

4. FEI Number Applied For

01-0609147 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEMETREE, ROBERT A
100 HIGHLINE DR
LONGWOOD FL 32750**


7. Name and Address of New Registered Agent

Name **Robert A. Demetree**

Street Address (P.O. Box Number is Not Acceptable)
797 SR 434

City **Altamonte Springs** FL Zip Code **32714**

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:  DATE: **3/20/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DEMETREE, ROBERT A	
STREET ADDRESS	100 HIGHLINE DR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEMTREE, DAVID A	
STREET ADDRESS	100 HIGHLINE DR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DEMETREE, MATTHEW C	
STREET ADDRESS	100 HIGHLINE DR	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	Director	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	797 SR 434	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	162 Oak View Cir.	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	136 Rockhill Dr.	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale C. McDyer	
STREET ADDRESS	1012 Turtle Creek Dr.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Gilbert	
STREET ADDRESS	1132 Vicksburg St.	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  **SIGNATURE REQUIRED** **3/6/03** 407-862-7272

CR2E037 (10/02)