

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90001 025 \*\*\*150.00

**DOCUMENT # P00000000533**

1. Entity Name  
**CLOSER HEALTHCARE HOME MEDICAL SUPPLIES, INC.**



Principal Place of Business

521 OLD DIXIE HWY  
TEQUESTA, FL 33469

Mailing Address

521 OLD DIXIE HWY  
TEQUESTA, FL 33469

**00021722**



06212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0970666**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ROTHENBERG, JUDITH A  
521 OLD DIXIE HWY  
TEQUESTA, FL 33469

**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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	ROTHENBERG, BRUCE M
STREET ADDRESS	521 OLD DIXIE HWY
CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	SVD
NAME	ROTHENBERG, JUDITH A
STREET ADDRESS	521 OLD DIXIE HWY
CITY - ST - ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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:**

*Bruce M. Rothenberg*  
**Bruce M. Rothenberg**

*4/29/06*  
Date

*861-743-9974*  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR