

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021298

FILED
Jul 08, 2005
Secretary of State

Entity Name: ICARE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

1562 PARK LANE SOUTH
SUITE 500
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

1562 PARK LANE SOUTH
SUITE 500
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0985333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMOUR, ALAN I II
NASON YEAGER GERSON WHITE & LIOCE, P.A.
1645 PALM BEACH BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TATUM, MORGAN G
Address: 10845 NORTH DOGWOOD TRAIL
City-St-Zip: JUPITER, FL 33478

Title: D () Delete
Name: MILLER, ROBERT
Address: 516 HENKEL CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: BROWN, DOUGLAS L
Address: 1562 PARK LANE SOUTH, STE 500
City-St-Zip: JUPITER, FL 33458

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: P, D () Change (X) Addition
Name: BAKER, CHRIS
Address: 1562 PARK LANE SOUTH, STE 500
City-St-Zip: JUPITER, FL 33458

Title: VPD () Change (X) Addition
Name: VISKER, JAMIE
Address: 1562 PARK LANE SOUTH, STE 500
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS BROWN

VP

07/08/2005

Electronic Signature of Signing Officer or Director

Date