

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021298

Entity Name: ICARE MEDICAL SUPPLY, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

14255 U.S. HIGHWAY ONE
SUITE 201
JUNO BEACH, FL 33408

Current Mailing Address:

14255 U.S. HIGHWAY ONE
SUITE 201
JUNO BEACH, FL 33408

New Principal Place of Business:

609 N. HEPBURN AVENUE
SUITE 101
JUPITER, FL 33458

New Mailing Address:

P.O. BOX 8581
JUPITER, FL 33468

FEI Number: 65-0985333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, DEBBY S
14255 U.S. HIGHWAY ONE
SUITE 201
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

BAKER, DEBBY S
609 N. HEPBURN AVENUE
SUITE 101
JUPITER, FL 33458 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: BAKER, CHRIS
Address: 14255 U.S. HIGHWAY ONE, SUITE 201
City-St-Zip: JUNO BEACH, FL 33408

Title: V, D () Delete
Name: VISKER, JAMIE
Address: 14255 U.S. HIGHWAY ONE, SUITE 201
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: BAKER, CHRIS
Address: 609 N. HEPBURN AVENUE, #101
City-St-Zip: JUPITER, FL 33458

Title: V, D (X) Change () Addition
Name: VISKER, JAMIE
Address: 609 N. HEPBURN AVENUE
City-St-Zip: JUPITER, FL 33458

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

SIGNATURE: CHRIS BAKER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date