

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000021298

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** ICARE MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

609 N. HEPBURN AVENUE  
SUITE 101  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2339  
JUPITER, FL 33468

**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  
609 N. HEPBURN AVENUE  
SUITE 101  
JUPITER, FL 33458 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: P, D  
Name: BAKER, CHRIS  
Address: P.O. BOX 8581  
City-St-Zip: JUPITER, FL 33468

Title: V, D  
Name: VISKER, JAMIE  
Address: P.O. BOX 8581  
City-St-Zip: JUPITER, FL 33468

I hereby 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 all other like empowered.

SIGNATURE: CHRIS BAKER

PRES

04/03/2012

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

\_\_\_\_\_  
Date