



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000088073		
1. Entity Name MED-CARE HOME MEDICAL SUPPLIES OF CENTRAL FLORIDA CORP.		
Principal Place of Business 1700 W. FIRST ST. SANFORD, FL 32771		Mailing Address 1700 W. FIRST ST. SANFORD, FL 32771
DO NOT WRITE IN THIS SPACE		
		
01242004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3671522		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
NORDMAN, ANNETTE N 1700 W. FIRST ST. SANFORD, FL 32771		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000147031 05/03/04-80089-019 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORDMAN, ANNETTE N. 693 E. KENTUCKY AVE. DELAND, FL 32724	DO NOT WRITE IN THIS SPACE
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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 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: <u>Annette N Nordman</u> Annette N Nordman <u>4/28/04</u> 407-322-8855		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		