



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P0000088073 |  |
| 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

| | |
|--|-----------------------------------|
|  | |
| 01272005 | No Chg-P CR2E034 (10/03) |
| 4. FEI Number 59-3671522 | Applied For 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| | | |
|--|--|---|
| 10. OFFICERS AND DIRECTORS | | <p>U000003211719 02/02/05-80131-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NORDMAN, ANNETTE N. 693 E. KENTUCKY AVE. DELAND, FL 32724 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |

| | | |
|---|---------|--------------|
| 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: <i>Chnette N. Nordman</i> | 1-28-05 | 407-322-8855 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |