


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000030372 1. Entity Name RINGCARE, INC.	
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Principal Place of Business 8050 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256	Mailing Address 8050 PHILLIPS HIGHWAY JACKSONVILLE, FL 32256
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3719860	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RINGHAVER, LANCE C
STREET ADDRESS	9797 GIBSONTON DRIVE
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	D
NAME	RINGHAVER, RANDAL L
STREET ADDRESS	POST OFFICE BOX 45022
CITY - ST - ZIP	JACKSONVILLE, FL 323325022
TITLE	D
NAME	ROY, RONALD T
STREET ADDRESS	POST OFFICE BOX 45022
CITY - ST - ZIP	JACKSONVILLE, FL 323325022
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05
Date

904-737-7730
Daytime Phone #