


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90047 005 ***150.00

DOCUMENT # P01000071925

1. Entity Name
OXICARE, INC.



Principal Place of Business Mailing Address

8490 W HILLSBOROUGH AVE #113 TAMPA FL 33615 **8490 W HILLSBOROUGH AVE #113 TAMPA FL 33615**

CHANGE ADDRESS


2. Principal Place of Business **12157 W. LINEBAUGH AVE.**

3. Mailing Address **12157 W. LINEBAUGH AVE.**

Suite, Apt. #, etc. **# 374** Suite, Apt. #, etc. **# 374**

City & State **TAMPA FL** City & State **TAMPA FL**

Zip **33626** Country **USA** Zip **33626** Country **USA**



MOORE CR2E034 (11/03)

4. FEI Number **59-3742706** Applied For Not Applicable

6. Name and Address of Current Registered Agent

ROWLAND, RENATE
~~**8490 W HILLSBOROUGH AVE #113 TAMPA FL 33615**~~ *NEW Address only*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) **12157 W. LINEBAUGH AVE**

374

City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLAND, RENATE	
STREET ADDRESS	8490 W HILLSBOROUGH AVE #113 TAMPA FL 33615 12157 W. LINEBAUGH AVE #374	
CITY-ST-ZIP	TAMPA FL 33615 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Renate Rowland* **Renate Rowland** 3/29/04 813 273 8941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #