
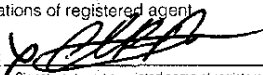
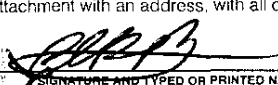


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P01000077265</b> 1. Entity Name <b>EQUAL-CARE MEDICAL SUPPLY, INC.</b>						<b>FILED</b> <b>04 AUG -6 PM 2:30</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>215 S.W. 17TH AVE., SUITE 208</b> <b>MIAMI, FL 33135</b>				Mailing Address <b>215 S.W. 17TH AVE., SUITE 208</b> <b>MIAMI, FL 33135</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>GONZALEZ, CRISTOBAL</b> <b>215 S.W. 17TH AVE., SUITE 208</b> <b>MIAMI, FL 33135</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>CHARLES RODRIGUEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>215 S.W. 17th Ave., Ste 208</b> City <b>MIAMI</b> FL <b>33135</b>			
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 				000040225700 08/17/04--01005--012 **\$61.25			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fee			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GONZALEZ, CRISTOBAL 215 S.W. 17TH AVE., SUITE 208 MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHARLES RODRIGUEZ 215 S.W. 17th Ave., Ste 208 MIAMI, FL 33135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				7/28/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			

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Attorneys at Law  
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Suite 251  
Miami, Florida 33175

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