

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000077265
 1. Entity Name
 EQUAL-CARE MEDICAL SUPPLY, INC.



FILED
 04 AUG -6 PM 2:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 215 S.W. 17TH AVE., SUITE 208 MIAMI, FL 33135	Mailing Address 215 S.W. 17TH AVE., SUITE 208 MIAMI, FL 33135
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2. Principal Place of Business	3. Mailing Address	07282004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number 65-1129391		
Zip	Country	Zip	Country	Applied For Not Applicable

6. Name and Address of Current Registered Agent

GONZALEZ, CRISTOBAL
 215 S.W. 17TH AVE., SUITE 208
 MIAMI, FL 33135

7. Name and Address of New Registered Agent

Name: CHARLES RODRIGUEZ
 Street Address (P.O. Box Number is Not Acceptable): 215 S.W. 17th Ave., Sk 208
 City: MIAMI FL Zip Code: 33135

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)

000040225700
 08/17/04--01005--012 **\$61.25

Amended AR is \$61.25

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

000040225700
 08/17/04--01005--013 **\$8.75

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, CRISTOBAL	
STREET ADDRESS	215 S.W. 17TH AVE., SUITE 208	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PVST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHARLES RODRIGUEZ		
STREET ADDRESS	215 S.W. 17th Ave., Sk 208		
CITY-ST-ZIP	MIAMI, FL 33135		
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			
STREET ADDRESS			
CITY-ST-ZIP			
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: DATE: 7/28/04 DAYTIME PHONE #:

Kaba & Peña, P.A.
Attorneys at Law
2460 S.W. 137th Avenue
Suite 251
Miami, Florida 33175

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