

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077265

FILED
Apr 30, 2005
Secretary of State

Entity Name: EQUAL-CARE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1129391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: GONZALEZ, CRISTOBAL
Address: 215 S.W. 17TH AVE., SUITE 208
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTOBAL GONZALEZ

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04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date