2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000090561

1. Entity Name
FAMILY CARE MEDICAL SUPPLY, INC.

Principal Place of Business	Mailing Address
6309 STIRLING RD. DAVIE FL 33314	6309 STIRLING RD. DAVIE FL 33314

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1140196 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

POVEDA, JULIA M
5210 SW 166 AVENUE
SOUTH WEST RANCHES FL 33331

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ____________________
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POVEDA, JULIA M 5210 SW 166 AVENUE SOUTH WEST RANCHES FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000038987 02/06/04-80159-021 150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ____________________ 1/29/04 (954) 792-6463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #