

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090561

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: FAMILY CARE MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

6309 STIRLING RD.  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

6309 STIRLING RD.  
DAVIE, FL 33314

**New Mailing Address:**

FEI Number: 65-1140196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POVEDA, JULIA M  
6309 STIRLING ROAD  
DAVIE, FL 33314 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: D ( ) Delete  
Name: POVEDA, JULIA M  
Address: 5210 SW 166 AVENUE  
City-St-Zip: SOUTH WEST RANCHES, FL 33331

**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: JULIA POVEDA

D

01/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date