

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106162

Entity Name: OXY-CARE OF TAMPA, INC.

FILED
Aug 26, 2004
Secretary of State

Current Principal Place of Business:

3601 SWANN AVE
102
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3601 SWANN AVE
102
TAMPA, FL 33609

New Mailing Address:

FEI Number: 65-1158498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METSCH, BENJAMIN R
1455 NW 14TH ST.
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

CAPOTE, YOHANY
3601 SWANN AVE
102
TAMPA, FL 33609 US

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: YOHANY CAPOTE

08/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, NOEL
Address: 1455 NW 14TH ST.
City-St-Zip: MIAMI, FL 33125

Title: VP (X) Delete
Name: BACKER, SCOTT J
Address: 1455 NW 14TH ST.
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: CAPOTE, YOHANY
Address: 3601 SWANN AVE, #102
City-St-Zip: TAMPA, FL 33609

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: YOHANY CAPOTE

PDS

08/26/2004

Electronic Signature of Signing Officer or Director

Date