2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# P02000061508

Entity Name: COMPLETE CARE MEDICAL SUPPLY, INC.

Current Principal Place of Business:

5040 N.W. 7TH ST., STE. 450
MIAMI, FL 33126

New Principal Place of Business:

5040 N.W. 7TH STREET - SUITE 450
MIAMI, FL 33126

Current Mailing Address:

5040 N.W. 7TH ST., STE. 450
MIAMI, FL 33126

New Mailing Address:

5040 N.W. 7TH STREET- SUITE 450
MIAMI, FL 33126

FEI Number: 04-3681267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, JOSE A
5040 N.W. 7TH ST., STE. 450
MIAMI, FL 33126

Name and Address of New Registered Agent:

TORRES, JOSE A
5040 N.W. 7TH STREET - SUITE 450
MIAMI, FL 33126

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: JOSE A. TORRES 07/02/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TORRES, JOSE A
Address: 5040 N.W. 7TH ST., STE. 450
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TORRES, JOSE A
Address: 5040 N.W. 7TH STREET - STE. 450
City-St-Zip: MIAMI, FL 33126

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: JOSE A. TORRES PRES 07/02/2004
Electronic Signature of Signing Officer or Director Date